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ABSTRACT

This third year interim report, one of a series of documents on the evaluation of Project Developmental Continuity (PDC), presents findings from three major analyses of program implementation; measurement of the extent each program has implemented the basic PDC Guidelines; a description of patterns of that implementation; and analysis of some facts and events that have shaped that implementation. A Head Start demonstration program, PDC is aimed at providing greater educational and developmental continuity between children's Head Start and primary school experiences. This report is divided into 5 parts. Chapter I gives a general introduction to PDC and the PDC evaluation. Chapter II describes basic structure (both national and local features) of the PDC project and gives demographic information for each of the sites. Chapter III presents the rationale, design, and major findings from the assessment of implementation. Chapter IV presents an overview of some of the similarities and differences found in interpretations of the basic guidelines at different sites. Chapter V presents the final cross-site analysis: the exploration of the factors, events, circumstances and plans that helped shape local PDC projects. Four appendices provide supplementary information. (Author/SE)

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A PROCESS EVALUATION OF PROJECT DEVELOPMENTAL CONTINUITY, INTERIM REPORT VII, VOLUME 1:

FINDINGS FROM THE PDC IMPLEMENTATION STUDY

August 1977

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Preface

Interim Report VII focuses on the third year of the PDC program evaluation. Volume 1 presents the results of our measurement of levels of program implementation; this is accompanied in Volume 2 by detailed descriptions of implementation activities at the nine sites included in this part of the study. Volume 3 reports the results of the assessment of program impact from fall to spring of the Head Start year.

Previous reports, particularly Interim Report IV (August 1976) and Interim Report VI (March 1977), contain additional background information on the development and early phases of the implementation and impact studies. Throughout this report the reader is referred to these previous documents where appropriate.

The preparation of the implementation volumes has involved an unusual amount of interchange with staff of the PDC programs. Each site whose data are presented in Volumes 1 and 2 has reviewed and commented on earlier drafts of these sections. The diligence of PDC staff has helped immensely in correcting some factual information and interpretations. Where possible, we have made changes in accordance with their suggestions. In rare instances where we felt an alternative interpretation was justified, we have employed footnotes to indicate the site's perspective. The entire PDC staff willingly gave many hours of their time in keeping records, collecting information, granting interviews, and arranging for testing. We are also indebted to teachers who permitted us access to their classrooms; parents who gave permission for their children to be tested; and the children themselves who willingly cooperated with our testing without any real appreciation of either how critical they are as a source of information, or how important they are in all our minds as the ultimate reason for striving to develop better programs and services.

John M. Love, Project Director
Developmental Continuity Evaluation

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I

INTRODUCTION

PDC After Three Years

After three years PDC is alive, and in varying degrees well, at all sites participating in the Implementation Study. Within the common framework outlined in the Guidelines, each project has developed a program unique to its setting. As the individual site descriptions presented in Volume 2 suggest, and as documented in this volume, there is considerable diversity across projects. Each project has focused on certain areas and given less attention to others. Local staff members are able to point to many accomplishments of PDC, but they have sometimes learned painful lessons about what it means to undertake comprehensive change in the schools.

The Implementation Study has provided evaluation staff with the opportunity over three years to visit, to become familiar with, and to follow the development of all the PDC programs. In some cases, the same High/Scope or Development Associates personnel have been returning to the same sites since the Planning Year. During this time many local changes have been observed, but none has been as striking as the evolution of local PDC staffs. From an enthusiastic group anxious to implement new programs quickly and completely, PDC personnel have become seasoned agents of educational change who have gained considerable insight into what it means to operate a program like PDC. Over time, the initial enthusiasm of PDC personnel has moderated into a seasoned sense of strategy and tactics. Yet even with this maturing, the mood of key staff members remains generally optimistic. PDC may not have created the dramatic local changes that some wished for, but it seems to have made a difference everywhere.

The PDC Evaluation

In the summer of 1974 HEW's Office of Child Development (now the Administration for Children, Youth and Families) began a new demonstration program aimed at promoting greater continuity between the preschool and elementary school experiences of Head Start children. This effort, named Project Developmental Continuity (PDC), incorporated a major program evaluation as well. For three years (1974-77), the High/Scope Educational Research Foundation has worked with its subcontractor, Development Associates, to provide data that would aid the Administration for Children, Youth and Families (ACYF) in its efforts to design and implement effective programs for children.

While the Impact Study has been examining the feasibility of a long-term study of PDC's impact on children (see Volume 3), the Implementation Study has provided assessments of program processes. This work has been organized around five basic purposes:

- Describe the nature of the PDC treatment at each site, including descriptions of program costs.
- Describe and analyze patterns in the implementation of PDC as a national program.
- Assess the extent to which each program has implemented the basic PDC Guidelines.
- Understand the factors and events that have shaped program implementation.
- Assess similarities and differences in experiences of children in the PDC and comparison schools.

Efforts to describe and analyze program processes began during the PDC planning year (1974-75) with the preparation of site case studies. During the following year, the design for the full Implementation Study was finalized and pilot data were collected at five sites to evaluate the applicability of the interview forms and the procedures for rating implementation levels. On the basis of the analysis of pilot data, modifications in procedures were made and an instrument for assessing implementation, the Implementation Rating Instrument, or IRI, was finalized.

In the third program year, this instrument was applied to the interview data and other documentation from nine sites to provide a comprehensive assessment of PDC implementation activities. Three additional sites were included in various documentation activities but did not receive the systematic implementation ratings. At the thirteenth site, a Navajo program in Arizona, a case history approach to assessing both implementation and impact has been taken.

Purpose of this Report

This report presents findings from three major analyses of program implementation: measurement of the extent to which each program has implemented the basic PDC Guidelines, description of patterns in that implementation, and analysis of some factors and events that have shaped that implementation. This volume, and a separate volume (Interim Report VII, Volume 2) which contains descriptive site reports prepared by our subcontractor, represent the final report of the first phase of the PDC Implementation Study.

The report is divided into five parts. Chapter II contains a description of the context for PDC, both nationally and locally; the basic structure for the PDC project is described, along with demographic information on each of the sites. Chapter III presents the rationale, design, and major findings from the measurement of implementation. Chapter IV presents, in broad strokes, some of the similarities and differences found in sites' interpretations of the basic guidelines. Chapter V presents the final cross-site analysis: the exploration of the factors, events, circumstances, and plans that helped shape local PDC projects.

Several important appendices accompany this report. Appendix A contains the implementation ratings for each site visited in 1977, along with a short description of the program elements that prompted the ratings. Appendix B describes the individual subcomponents that were constructed from the original PDC Guidelines to organize the implementation ratings. The overall Implementation Study design is summarized in Appendix C. Appendix D contains the only complete site case study that has been prepared since the planning year. This study of the Arizona project was prompted in part by the fact that no suitable instruments were available for assessing PDC's impact on the Navajo children served by the project. Consequently, case study methods were used to trace the process and impacts of PDC implementation through the first three program years.

II

THE PDC CONTEXT

As a Head Start demonstration program, PDC has both national and local features that are important for understanding the implementation process. Following a description of the national program, the variation in local contexts is described in some detail to provide a picture of the program's complexity. With this information as background, the ways in which PDC differs from other innovative programs are outlined in order to set the stage for the methodology employed in the PDC Implementation Study.

PDC as a National Program

Aims of PDC

The Administration for Children, Youth and Families (ACYF) originated Project Developmental Continuity (PDC) in 1974 as a Head Start demonstration program "aimed at promoting greater continuity of education and comprehensive child development services for children as they make the transition from preschool to school." The single most important effect of this undertaking, it is hoped, will be to enhance the social competence of the children served--that is, to increase their everyday effectiveness in dealing with their environment (at school, at home, in the community, and in society). PDC also aims to bring about broader and more intensive involvement of parents and teachers in the governance of school affairs, and to promote positive change in the institutional process, even beyond the people who may occupy the institution at a given time.

As part of the overall Head Start Improvement and Innovation effort, PDC emphasizes the involvement of administrators, classroom staff, and parents in formulating educational goals and developing a comprehensive curriculum. The object of this effort is to ensure that children receive continuous individualized attention as they progress from Head Start through the early primary grades. If the program is successful, existing discontinuities between Head Start and elementary school experiences will be reduced by PDC mechanisms that encourage communication and mutual decision-making among preschool and elementary school teachers, administrators, and parents.

Two program models provide alternative ways of establishing the administrative structure for continuity. In the Preschool-School Linkages approach, administratively separate Head Start and elementary programs are brought together by the device of a PDC Council, whose membership includes teachers, parents, and administrators from both organizations along with community representatives. In the Early Childhood Schools approach, Head Start and elementary programs are combined both administratively (by the Council) and physically (in the same building), creating a new institution. In both approaches a qualitatively different program is expected to emerge as a result of the Head Start-elementary school cooperation.

Continuity is expected to be established in two contexts: that of the individual child and that of the school structure. In the first context, continuity means, for example, that a child should not have to have his or her personal nature and needs rediscovered each year as he or she moves from one grade to the next; instead the child should become a more and more fully recognized member of the school "family" as time passes. In the context of school structure, continuity implies cooperative pursuit of common goals, and this involves articulation of philosophies and methods in the various areas of school enterprise. It is expected that structural continuity will contribute directly to continuity in the attention given to individual children.

The Start-up Process

In the summer of 1973 the Huron Institute of Cambridge, Massachusetts was awarded a contract to develop a concept paper on implementing an idea called "developmental continuity." During the winter of 1973-74 the Administration for Children, Youth and Families assembled a panel to review the various options that were outlined in the Huron report. The present conceptualization of Project Developmental Continuity was decided upon, and during late winter and early spring 1974, a draft of guidelines for the initial planning year was drawn up with the assistance of Huron Institute staff. At the same time, Requests for Proposals were being developed by ACYF for the technical assistance and evaluation contracts.

The PDC sites were selected because administrators, parents, teachers, and community people at those sites all expressed interest in participating in the program. The selection process involved several steps. First, each regional ACYF office[1] and the Indian and Migrant Program Division asked a number of Head Start grantees within each region to complete a questionnaire to determine the feasibility of implementing PDC at their sites. Based on responses to this survey, the four sites deemed by each region to be most suitable were suggested to the national ACYF office. A review panel then selected two of these four sites to submit proposals. Staff from the national and regional ACYF offices reviewed these proposals and visited each site to meet with grantee staff, Head Start and public school teachers, parents, and Head Start and school administrators and review project plans. Since PDC was intended to extend beyond Head Start into the early elementary grades, U.S. Office of Education staff were involved at this point in the selection process, along with state education agency staff. Through this process one site was selected from each region, except Regions III and VIII, which each had two. Four of the sites were designated Bilingual Bicultural Demonstration Projects. Two additional sites were selected to represent the Indian and Migrant Program Division of ACYF.

Operation of the program began in 1974 at 15 sites and the entire first year of program operation was designated a planning year for local projects. Staff were hired, component area task forces were appointed, and detailed plans for actual implementation were initiated.

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[1] The ACYF regional offices are located in Boston (Region I), New York City (Region II), Philadelphia (Region III), Atlanta (Region IV), Chicago (Region V), Dallas (Region VI), Kansas City (Region VII), Denver (Region VIII), San Francisco (Region IX), and Seattle (Region X).

During Year II, 1975-76, 14 sites (one had withdrawn voluntarily), comprising a total of 42 Head Start centers and elementary schools, began to implement their plans. Program Year III (1976-77) was officially designated as the "implementation year" in the original project design, and by Year III programs were expected to be fully implemented and operational. After Year II a second site was discontinued resulting in the current 13 sites. During the third program year ACYF decided to continue funding the 13 projects to permit the programs to operate through 1980-81.

The Role of the National Office

Washington-based staff in ACYF's Program Development and Innovation Division are responsible for administering the national program. During the three years of the project they have maintained contact with sites through telephone calls, site visits, written communications, and national workshops. They also work with the sites by contracting with outside groups to provide training and technical assistance.

During the planning year and the program start-up year, the Huron Institute served as the T&TA contractor. As part of this effort, a staff of field specialists (each one working with one or two PDC programs) made several visits to the PDC sites. The philosophy of Huron Institute staff was one that stressed facilitating participation among all groups involved in PDC at a site, emphasizing all areas of the Guidelines, and exposing sites to as many alternatives as possible before making final programmatic decisions. Huron Institute also worked with national ACYF staff in planning the national workshops.

An initial planning meeting held in September 1974 involved local project staff, regional ACYF staff, T&TA staff, and representatives from state education agencies. At workshops held in January and May of the Planning Year, evaluation contractor staff also participated with these other groups. Two national workshops were held during each of the next two years, and in May 1977 a PDC meeting was held in conjunction with a national conference on "Children, Families, and Continuity." These workshops provided a continuing forum for discussion of implementation issues (each workshop typically had one or two themes, such as parent involvement or multicultural education), review of Guidelines and funding issues, and communication about evaluation matters. In addition to the content workshops and guidance from national and regional program staff, a beneficial feature of these meetings was the opportunity for staffs from the diverse projects to share information, ideas and experiences.

At the beginning of the third year, Pacific Consultants of Washington, D.C. was selected as the T&TA contractor. One field specialist was selected to work with each PDC site. In addition to organizing two PDC workshops, Pacific Consultants published three issues of a PDC Newsletter in which conference summaries, articles related to PDC implementation issues, and bibliographic information on materials relevant to PDC were disseminated to the sites.

The PDC Guidelines

Over the course of PDC, two sets of program guidelines have been published by ACYF. In spring 1974, *Guidelines for a Planning Year* was distributed to those sites which had been requested to submit proposals. This set of guidelines was revised and re-issued in September 1974, and supplemented by "Program Letters" issued periodically from the national office. During the second year of the project a new set of guidelines, *PDC Implementation Year Guidelines*, was published, describing basic elements that must be present in each PDC project.

PDC was designed to be an experiment in "local variation." Consequently, the Guidelines prescribe only a general framework and overall objectives for program development without specifying the means for their achievement. To assist programs in the process of translating general guidelines into functioning programs, the technical assistance process mentioned above was instituted.

The *Implementation Year Guidelines* outline requirements in seven component areas plus additional requirements for the bilingual bicultural demonstration projects. Since these guidelines provide the framework for all implementation study activities, they are described in some detail here.

Administration. Each project was to hire a full-time PDC coordinator as well as full- or part-time support services and parent involvement coordinators. Each site was also to create a PDC Council composed of representatives from the following groups: parents of PDC Head Start or elementary school children; members of the Head Start Policy Council and local school board; Head Start and elementary school administrators; Head Start and elementary school staff; and local community groups. This Council should be responsible for the overall operation of the PDC project.

Education. Concern for the "total" child is emphasized in all the education guidelines. Sites are required to develop or adopt a compatible, coordinated curriculum that provides experiences for children that are appropriate to their developmental level, interests and needs. The use of individualized instruction and diagnostic and evaluative systems should facilitate teacher awareness of the uniqueness of each child along with the physical, intellectual and socio-emotional growth of each child.

Services for bilingual bicultural and/or multicultural children. Guidelines for this component stress the importance of recognizing children from different ethnic and cultural backgrounds. Classroom activities and materials should reinforce children's pride in and understanding of their background and provide the opportunity for children to learn about and appreciate the cultures of others. Teachers should be made sensitive to the needs of multicultural children and involve parents in their child's educational program.

Bilingual bicultural demonstration projects. A special set of basic principles and required elements was written for those sites designated as bilingual bicultural demonstration projects. These guidelines state that the design and implementation of all components at these sites must incorporate a bilingual bicultural approach. An educational and social setting must be provided that is based on the child's primary language and culture. The bilingual bicultural educational approach should build upon the strengths the child brings to the learning situation, expand upon the child's native language, and make use of the child's native language for instructional purposes.

Services for handicapped children. PDC is committed to the concept of mainstreaming. The guidelines further specify a yearly survey of handicapped children, procedures for early diagnosis and evaluation, special resource teachers, and special training for classroom teachers in working with handicapped children.

Parent involvement. Concern with involvement of parents in school activities permeates the PDC Guidelines. The sites are required to develop a coordinated parent program that involves parents in all phases of program planning, operation and evaluation. The guidelines also require that programs try to involve parents in the classrooms, in the Council, in component subcommittees, in training sessions or workshops, and in planning PDC activities.

Developmental support services. Guidelines for this component define the kinds of services that must be available to all PDC children. The nutritional, medical, dental, mental health, and social services needs of children must be assessed upon entry into the program and arrangements made to provide the needed services. There must be a consistent and complete record-keeping system, contact with community resources, and information provided to parents about their children's needs and the availability of community resources.

Training. The training component guidelines stress the ongoing nature of training activities and call for a schedule that includes sessions related to each of the component areas with agendas that are targeted for diversified audiences. For example, the guidelines call for training parent volunteers to work in the classroom, training for teachers in sensitizing them to the special needs of multicultural children, training for PDC Council members in policy- and decision-making skills, and training for teachers and administrators in how to work with parents.

Local PDC Contexts

To understand the complexity of PDC, it is necessary to examine local program contexts. In this section, we provide a brief summary of individual program characteristics; additional discussion of these characteristics and of their effect on the implementation of PDC is presented in Chapter V.

As shown in Table 1, the local settings for PDC are extremely diverse, ranging from the large urban populations served by the Utah, Iowa, and Washington projects, to more suburban settings in Connecticut and Maryland, and finally to smaller, often rural communities in Texas, Florida, and Arizona. The ethnic and cultural compositions of these communities are also diverse, including Navajos in Arizona, Chicanos in California, Mormons in Utah, Blacks and migrant workers in Florida, and White Appalachians in West Virginia.

PDC communities also differ on other dimensions. In Texas, for example, Head Start has for several years been integrated completely into the elementary school program. Most schools have preschool classes that contain both Head Start-eligible and other children. Teachers in these classes are fully certified elementary school teachers. In other communities, such as Florida and Utah, there was very little contact between the two programs prior to PDC. Head Start and elementary school programs existed within separate administrative structures, often pursued educational approaches that were quite different if not actually incompatible, and employed teaching staffs from very different populations. Not surprisingly, several of these sites have experienced considerable difficulty bridging this initial gap between programs. Many substantive implementation activities were delayed while the necessary linkages were being forged.

Nowhere are the differences between local contexts more apparent and of greater importance for the ultimate success of PDC program implementation than in the local administrative frameworks within which the various projects must operate. The basic distinction between these was defined by ACYF planners when they established the two PDC models: Preschool-School Linkages (PSL) and Early Childhood Schools (ECS). The distinction between these two models, however, is often obscured.

Formal and informal administrative structures do not clearly follow ECS-PSL lines. West Virginia (an ECS site) and Colorado (a PSL site) both include two combined Head Start-elementary schools. Most other PSL sites have the PDC Head Start and elementary teaching and administrative staffs separated to some extent, but the nature of that separation varies. In Utah, for example, the Head Start teaching and administrative staffs are housed together in

Table 1

Sites' Demographic Characteristics

Site	Model	No. of classrooms/ children		White	Black	Hispanic	Native American	Asian	Nature/Population of Community	Special Features of Community or Project
		HS	*Elem*							
AZ	PSL	3/65	11/278	1	0	0	99	0	rural 4,200	*Bilingual Bicultural Demonstration Project; located in heart of the Navajo Nation. The distances that separate the Head Start programs from each other & from the BIA school & PDC staff have made program communication very difficult. None of the Head Start centers has a telephone.*
CA	PSL	4/45	9/247	6	4	88	2	0	small city 34,000	*Bilingual Bicultural Demonstration Project. Funded 6 months after other sites. Majority of Hispanic children are native English rather than Spanish speakers.*
CO[1]	PSL	2/93	12/372	25	1	74	0	0	urban 118,238	*Bilingual Bicultural Demonstration Project, but most children are English-dominant. Although this site is a PSL model, each of the 2 PDC schools houses both Head Start & elementary classrooms.*
CT	PSL	3/56	35.5/ 890	50	26	23	1	0	suburban 84,000	*Site located in one of the highest per capita income areas of U.S.; more elementary schools to coordinate than most sites.*
FL	PSL	4/45	36.5/ 977	24	63	13	0	0	two rural towns 5,000 & 12,000	*The only project that spans 2 communities & 2 school districts; large migrant population.*
GA[1]	PSL	3/47	11/454	62	38	0	0	0	rural 14,000	*Kindergarten is not required by state law & thus is not considered to be an integral part of the elementary program.*
UT[1]	PSL	9/170	32/888	80	3	16	1	0	urban 550,000	*This community has strong religious/social/ cultural ties to the Mormon church; more elementary schools to coordinate than most sites.*

[1] Based on data collected during the 1975-76 school year. Without OMB forms clearance, only nine sites could be visited in 1976-77.

Table 1
(Continued)

Site	Model	No. of classrooms/children		White	Black	Hispanic	Native American	Asian	Nature/Population of Community	Special Features of Community or Project
		HS	*Elem*							
IA	ECS	3/57	12/326	55	40	1	2	2	urban 200,000	*The PDC community in Iowa is considered to be "representative" of a large urban school system but without extremely high concentrations of minority groups.*
MD	ECS	4/57	19/464	43	51	4	<1	2	suburban 18,500	*Project received extra funds from USOE for dissemination; suburb of Washington, D.C.*
MI	ECS	2/75	4/288	51	46	0	0	3	urban 85,000	*PDC program located in community-centered facility which houses an early childhood program, an elementary (k-4) school, adult continuing education program, & human resource agencies.*
TX	ECS	3 ungraded units I=HS-K, 4/91 II=1-2, 4/113 III=2-3, 4/110		27	1	71	0	1	small town 26,000	*Bilingual Bicultural Demonstration Project. District operates under a federal desegregation court order.*
WA	ECS	3/60	12/317	58	25	7	7	3	urban 150,000	*PDC school was a Follow Through site implementing the Responsive Education Model. Many Follow Through teachers remain & are part of PDC.*
WV	ECS	2/42	8/222	94	5	0	0	1	urban 65,000	*Located near a large university; many children come from university families.*

one building while PDC staff offices are in one of the three elementary school buildings. In Florida, the project includes one school and one center in each of two communities and the PDC offices are separate from all four participating centers and schools. Even ECS projects display some diversity in the location of project participants. In Iowa, the Head Start and elementary teaching staffs are all housed in the same school with the PDC and elementary administrative staffs, but the Head Start director and resource staff are located in the district offices. In contrast, all Head Start, PDC, and elementary school staff are housed in the ECS school at the Texas site.

Similar diversity is suggested by the administrative positions of the PDC staff in the organizational structures of the schools and centers. Again, PDC staff at PSL sites generally have no direct supervisory authority at either the Head Start or elementary school levels. What authority they do have is generally based on personal charisma and positive working relationships with administrators who do have authority. The situation at ECS sites is more complex: frequently, the PDC coordinator occupies a position within the school that is equivalent to that of assistant or vice principal. As a result, these coordinators exercise considerable authority at one or both PDC levels. In Texas, Washington, and West Virginia, the coordinators have equal authority over both the Head Start and elementary school teachers. In Iowa and Michigan the coordinators supervise elementary PDC teachers only and must go through the Head Start directors to enforce changes at that level. Maryland presents yet another administrative pattern: there the ECS principal has recently been designated the "PDC administrator" by the board of education; he exercises considerable authority at both levels, but the PDC coordinator has almost none.

There are also important differences in designations of project grantees and delegate agencies. In two sites--Texas and California--the local school district is both grantee and delegate agency. More commonly, the local community action project (the Head Start grantee) is the PDC grantee and the school district is the delegate agency. In Colorado the local city government is the grantee for both Head Start and PDC and the County Head Start Parents, Inc. is the delegate agency. In two sites--Florida and Georgia--community action agencies function as both grantee and delegate agency.

There is considerable variety also with respect to the numbers of centers and schools served by PDC, even within models. The Utah project includes a single Head Start center and three elementary schools considerably removed from that center. The Arizona project, conversely, serves three Head Start centers and a single elementary school. Even ECS programs do not always include a single Head Start-elementary school; in West Virginia two PDC schools each house both PDC and Head Start classrooms.

The Context for Evaluation: Differences Between PDC and Other Educational Innovations

The study of educational change has of late become quite fashionable, and it is tempting to compare the PDC experience with many others reported in the literature. There are, however, some important differences between this particular change effort and most others. This section considers four features that set PDC apart from other efforts.

PDC Was Not a Single Discrete Innovation, But a "Framework for Innovation"

Much of the literature describes one of two types of innovation: (a) the implementation of a new curriculum element such as the "new math" or a special reading program, or (b) the creation of "new schools"[1] (for examples of the former see Berman and McLaughlin, 1975; Fullan and Pomfret, 1977; or Gross, Giaquinta and Bernstein, 1971; for examples of the latter, see Deal, 1975; Miles, in press; or Smith and Keith, 1971). PDC, however, is not quite like either of these innovations. It is, on the one hand, far more comprehensive than any of the discrete innovations reported by Fullan and Pomfret: the guidelines require a particular type of curriculum, plus a program for bilingual bicultural and/or multicultural children plus a program of services for handicapped children, plus a parent involvement program, and so on. Yet, unlike "new schools," PDC programs began with a set of guidelines that provided some explicit direction for planning activities.

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[1] Miles, Sullivan, Gold, Silver, and Wilder (1978) define a "new school" as, "...a total school program (not a minor project, course, or other innovation) which is created more or less de novo (is not simply a redesign of an existing school) and which its creators experience as different from their own past experiences."

We might think of these guidelines as a "framework for innovation" that prescribes a detailed set of planning procedures (the PDC Council, parent involvement in planning services for handicapped children, and so on) and then sketches what the products of that planning should look like (the PDC curriculum must be developmentally appropriate, emphasize individualized instruction, and so on). This means that at most sites PDC has resulted in two kinds of innovation: one large (the new mechanisms for planning and decision-making) and several smaller (the programs and activities created through those mechanisms). The outline of the large innovation (the framework) was mapped explicitly by ACYF, and in that respect PDC resembles some of the more discrete "packaged" innovations described in the literature. The smaller innovations resulting from that framework, however, had to be planned independently by each local project; in this respect PDC resembles some of the "new schools."

The framework, in the form of federal guidelines, provided participants with at least some clarity of purpose early in the project and seems to have helped most avoid the uncertainty and debate over directions and purposes that so often paralyzes new schools.

The Units of Change Were Not Isolated Classrooms or Schools, But Parts of Several Schools or Centers

The most recent ACYF description of PDC says that it will "involve the whole school as the basic unit of program change, not a single classroom or simply the curriculum." This statement is not quite accurate: PDC does extend beyond single classrooms, but it only encompasses parts of the elementary schools and (depending on the site) the Head Start centers with which it is associated. To the extent that the project extends beyond individual classrooms it has much in common with new schools: basic changes are being made (at least at the elementary level) not only in what individual teachers do within their own classes, but also in how those teachers interact with one another, in how decisions are made, and in what range of services are offered to the whole child.

Because PDC involves less than any one complete school, but perhaps parts of several schools, the situation is also more complex than that faced by new schools. Local PDC projects have had to contend with elementary school principals and Head Start center directors whose time and energy are divided between PDC and non-PDC teachers. They have had to contend with non-PDC teachers who are at best uninvolved in the project and occasionally antagonistic. They have had, on occasion, to deal with conflicts between the aims and methods of PDC and the programs in the rest of the center or school. Perhaps most troublesome has been the task of establishing and maintaining communication between teachers who are physically distant. Adequate communication has been found difficult enough to achieve in self-contained new schools; the problems are compounded when the participating classes are sometimes miles apart.

PDC Was Designed to Create Linkages Between Two Distinct Programs Rather Than to Change a Single Existing Program

Most of the literature describes attempts to change one program, either by introducing new curriculum packages in the classroom or by completely restructuring the school. PDC had elements of this, but it also had another overriding objective: to bring about continuity between the local Head Start and early elementary programs. Aside from the difficulties caused by the participating programs residing in different buildings, the fact that two distinctly different programs are to be linked introduced its own complications. At most sites, even those with Early Childhood Schools, two separate administrations were involved. Programs that had existed separately for years were now expected to coordinate their planning and other activities. At some sites the teachers from the two programs were drawn from very different populations, with different training and philosophical orientations. Unlike new school projects, where the school as a whole generally fits neatly within the district's organizational framework, the administrative status of PDC was often unclear and had to be negotiated.

Each Local PDC Project Was Part of a National Evaluation Study

Evaluators often like to believe that they are a benign presence that has no effect on the operation of programs, or is at worst a semiannual nuisance. This was not the case in PDC. At some sites planning decisions were guided not only by considerations of what was best for the program but also by what was needed for the evaluation. Thus, at one site additional elementary schools were added to the project to ensure that there would be enough children in the treatment sample for evaluation. At other sites, additional children had to be included in the Head Start group to allow for anticipated attrition from the longitudinal sample.

The Implementation Study had, if anything, more effect on local programs than the Impact Study, but these effects were probably no different from those on any project that has been the subject of a case study. One thing that the Implementation Study may have done locally, however, was to lend added salience to the program Guidelines, since they provided the basis for the assessment of implementation and therefore the source for the hundreds of questions asked during site visit interviews. At one site, for example, a respondent remarked after an interview that he "had no idea that nutrition was such an important part of PDC," until we asked him several questions about his activities in that area. While the role of site visitors was emphatically not that of technical assistants, simply asking questions about what was done--or why it was done--may have influenced respondents' thinking and planning.

III

THE MEASUREMENT OF IMPLEMENTATION

A complete description of the Implementation Study design can be found in Appendix C, and an earlier report (Interim Report IV, Volume 2, August 1976) provides details on the development and field test of Implementation Study procedures. This chapter explains the rationale for developing the methodology (i.e., the Implementation Rating Instrument and accompanying procedures), describes the nature of the IRI items and the types of scales incorporated in the instrument, reviews the spring 1977 data collection instruments and procedures, briefly describes the analyses that were applied to the implementation data, and outlines the overall findings from the measurement of implementation. Summaries of each site's implementation profiles can be found in Appendix A.

The Implementation Rating Instrument

The key instrument for the Implementation Study is the Implementation Rating Instrument (IRI). The IRI is a set of items used by site visit teams to systematically evaluate the programmatic information that is collected by a variety of means (interviews, records, and site documents primarily). Two types of scales were developed for making ratings of implementation--objective and judgmental. Since this instrument figures so prominently in the Implementation Study, it is described here in some detail.

Objective IRI Rating Scales

The IRI scales were developed by extracting a list of discrete program requirements from the Guidelines and then devising a set of rating scales that could be used to assess the extent and effectiveness (as perceived by participants) with which a site had implemented their programmatic solution to that requirement. Care was taken in this process to differentiate *Guidelines* statements of program requirements ("must" or "should" statements) from statements merely suggesting possible solutions to the requirement. Through this process almost 350 separate four-point rating scales were developed to span the seven program component areas. These scales (called "objective" because their ratings are based on explicit, and often quantitative, program data) are of four basic types: those rating the presence of program activities, those rating extent of implementation, those assessing perceived effectiveness of implementation, and those assessing the roles played by various groups in implementation decisions and activities.

Items that rate the presence of program activities. Items of this type constitute the largest single group of IRI items. They permit ratings of the existence of program elements or activities that span both the Head Start and elementary school. The following illustrates this class of items:

> A PDC diagnostic and evaluative system to identify the educational needs of individual children:
>
> ____a) Has not been developed or selected.
>
> ____b) Has been developed or selected but is not implemented.
>
> ____c) Is implemented in classes at the Head Start level *or* elementary level.
>
> ____d) Is implemented in classes at *both* the Head Start level and the elementary level.
>
> ____e) Data insufficient for rating.
>
> ____f) Question not applicable.

For items of this type, the highest rating (alternative d) indicates that the particular program feature (here the PDC diagnostic and evaluative system) has been implemented to some extent at both the Head Start and elementary school levels. These items do not specify what that feature should look like when implemented; one site may use a simple diagnostic and evaluative system that was developed locally while another site with the same rating on this item may use a complex system purchased from a commercial publisher. Items of this type do not assess the extent or effectiveness of the implementation at either the Head Start or elementary school levels; they simply ask whether the feature is at all operational at either or both levels.

Items that rate the extent of implementation. These items measure the extent to which a feature is implemented in terms of numbers of classrooms involved, numbers of individuals affected, etc. An example of an item of this type is the following:

According to the information available, roughly what percentage of the elementary school teachers have been directly involved in the ongoing discussion and refinement of the PDC educational approach and curriculum?

____a) None or few (0-20%) or a PDC curriculum has not been developed or selected.

____b) Some (21-50%).

____c) Most (51-80%).

____d) Almost all or all (81-100%).

____e) Data insufficient for rating.

____f) Question not applicable.

Like the items rating the presence of activities, these items do not specify the precise nature of the program feature that is being assessed. They only ask the extent to which the program element that is intended to satisfy the requirement has been implemented.

The intervals on these scales were established on the basis of a field test conducted in spring 1976 at five PDC sites (described in Interim Report IV, Volume 2). These intervals were set to maximize the items' sensitivity to variations among sites. For example, since the absolute number of parents involved in actual program decision-making is generally quite low, the intervals for those items are small (ranging from no parents for "a" to 15 for "d"). In contrast, teacher participation in project activities was generally much higher, so the intervals are considerably wider, ranging from 0% to 100% of the PDC teachers at a given level.

Items that assess perceived effectiveness of implementation. The design developed for the Implementation Study incorporated extensive interviews with randomly selected PDC teachers and parents.[1] In these interviews program participants were to be asked the extent of their involvement in program activities and their assessment of the usefulness or effectiveness of those activities. This information was then to have been used to complete ratings of this third type:

According to elementary teachers interviewed, has training in the PDC diagnostic and evaluative system been useful to *elementary teachers* in implementing the PDC diagnostic and evaluative system in their classrooms?

____a) Training has not taken place or less than 20% attended.

____b) Training has not been useful.

____c) Training has been moderately useful.

____d) Training has been very useful.

____e) Data insufficient for rating.

____f) Question not applicable.

Items that assess various groups' roles. Regardless of the number of individuals involved in different spheres of program activity, distinctions can be made among roles played by the groups these individuals represent (e.g., Head Start parents, elementary school teachers) in any discussions held or decisions made. Where appropriate, items are included that ask the rater to make some judgments about the nature of that involvement. For example:

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[1] Because of the lack of OMB approval, however, it was only possible to administer the parent and teacher interviews in one site; so, for the most part, Implementation Study findings to date do not include data for perceived levels of effectiveness.

Head Start teachers

____a) Have not been involved in the ongoing discussion and refinement of the PDC educational approach.

____b) Played a *minor role* in the ongoing discussion and refinement of the PDC educational approach.

____c) Played a *moderate role* in the ongoing discussion and refinement of the PDC educational approach.

____d) Played a *major role* in the ongoing discussion and refinement of the PDC educational approach.

____e) Data insufficient for rating.

____f) Question not applicable.

In the field test of the IRI, ratings of this type were based on interview responses to open-ended questions. Because it was often difficult to infer distinctions between minor, moderate and major involvement based solely on these responses, the revised data collection procedures included summary questions following the open-ended questions that asked the respondent to characterize involvement using these categories.

Subcomponent groups of objective IRI items. IRI items within components were clustered into three to five "subcomponents." These clusters reflect logical groupings of related items and, with a few exceptions, correspond to separate required elements from the original *Guidelines*. The exceptions generally resulted from the fact that not all required elements generated an equivalent number of IRI items. The required element within the administration component that details the necessary composition of the PDC Council, for example, generated 20 separate items; the required element for "other funding sources" produced only two. Where possible, subcomponents were defined to maintain important conceptual distinctions of the *Guidelines* while balancing the number of items in each. Complete definitions of each subcomponent can be found in Appendix B of this report and in the IRI itself.

Judgmental IRI Rating Scales

Constructing an implementation assessment instrument in the manner described above has certain advantages: (1) assessment can focus on specific requirements outlined in the Guidelines; (2) ratings can be based on the extent of implementation (something that is quantifiable), rather than the nature of that implementation (the evaluation of which is extraordinarily subjective); and (3) the criteria for the assessment are public and definable in terms of numbers of classrooms, numbers of teachers, etc.

These procedures also have their disadvantages, however. The most serious limitation is the problem of assigning each required program element a weight that is proportional to its significance for program success. Another problem with the objective IRI scales is their insensitivity to mitigating events and circumstances. By adhering strictly to discrete quantitative indices, local site realities can be distorted.

To address these two problems a second type of rating scale was added to the IRI at the end of each subcomponent. These scales, called the "judgmental rating scales," asked the site team to reassess the program's implementation level for that subcomponent using everything they knew or felt about the program. Three judgmental scales were designed to tap the same dimensions as the objective scales (the extent and effectiveness of implementation) plus an additional dimension, the "intensity" or amount of effort and importance accorded the subcomponent by project staff. Although these scales do not solve the problem of relative weightings for subcomponents or components, they do at least allow the raters to adjust their ratings to accommodate local realities. An example of the judgmental scales for one subcomponent can be found in Figure 1.

Initially, our intention was to use both types of rating scales in the 1976 field test at five sites and, based on that test, to select the most useful type for use in the full data collection. The results using the two were sufficiently different in the field test, however, that both scales were retained and data from both are reported here.

Figure 1

Sample Judgmental Rating Scales

SUBCOMPONENT: *Development of a Diagnostic and Evaluative System and Individualized Instructional Program for Children*

Before continuing with your ratings of the multiple choice questions, we would like to get your impressions of the level of implementation of this subcomponent using an alternate technique. Based on everything you know about this site, how would you rate the level of implementation of this subcomponent with respect to the following dimensions: (Please explain any "not applicable" or "uncodable" ratings)

PLEASE CIRCLE YOUR ANSWERS CLEARLY

1. Breadth of Implementation: Among those who could or should be involved in the implementation of this subcomponent, what is the extent of actual involvement?

   none narrow moderate broad not applicable uncodable

2. Intensity of Implementation: Among those responsible for implementing this subcomponent, what is the level of attention, energy, or importance given to its implementation?

   none low moderate high not applicable uncodable

3. Effectiveness of Elements in Terms of Organizational Acceptance: Among those affected by implementation of this subcomponent (i.e., parents, teachers, council members, etc., but not PDC staff) what level of satisfaction or approval has been shown?

   none low moderate high not applicable uncodable

4. Overall Level of Implementation: Based on the above ratings and any other information you have, what is your general assessment of the overall implementation level of this factor?

   none low moderate high not applicable uncodable

If your codings on these scales conflict with the ratings given on the preceding IRI questions, please attempt to explain that conflict below.

Data Collection Procedures

Data Collection Instruments

Although data for rating implementation levels were derived from several sources spanning the entire history of the project[1] the major sources of information for the Year III ratings were the structured interviews and site records.

Interviews. After the IRI was designed in Program Year II, interview questions were developed to ensure that all data required for rating were collected from each site. These interviews were revised following the 1976 field test.

Ten different interviews were designed. Six were designed to be administered to the individuals most knowledgeable about implementation activities in the various component areas; three were designed for PDC teachers, parents and the PDC Council chairperson. The tenth interview, the Comparison Program Interview, was to have been administered to comparison school principals and comparison Head Start center directors. The implementation information would have permitted an assessment of the comparability of treatments received by PDC and comparison children.

The interviews were designed to serve a variety of purposes in addition to providing information for IRI ratings. They were intended to obtain descriptive data necessary for individual site reports (these are included as Volume 2 of this report). They were also designed to collect information about the reasons for programs' implementation activities and decisions, so that the processes of implementation could be better understood. Consequently, each component interview lasted approximately two hours, while the teacher, parent, and Council chairperson interviews lasted less than one hour each.

Site record-keeping system. For some IRI scales, particularly those relating to training, parent involvement, and developmental support services, specific quantitative information was needed. To ensure that this information would be available during the winter site visit, a system for maintaining the necessary data was devised and provided to the sites in the fall. The system consisted of a notebook containing multiple copies of forms on which the needed quantitative information for each component could be recorded on an ongoing basis. Forms were included, for example, for recording attendance and minutes of PDC Council meetings, for recording the number and types of parent involvement activities, for documenting training sessions, and for keeping records of screenings and services provided in the area of developmental support services. The system was completely optional; if a project had already developed its own procedures for retaining the necessary data, it was encouraged to continue using them.

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[1] Appendix C includes a more complete description of the overall data collection plan for the Implementation Study.

Site Visitor Training

Prior to the mid-winter site visits, a two-day training session was held for all staff participating in the data collection activities. A training manual was prepared that included an overview of the visit, general site visit procedures, some basic definitions to be applied in interviewing and rating, instructions for interviewing and rating, and post-visit writing responsibilities.

All aspects of the site visit were discussed during training, and each interview form was reviewed item by item to ensure that visitors shared common definitions. The IRI was also discussed in detail to ensure that the same criteria would be applied by all. Background notebooks containing consolidated site-level information collected during the past two years were distributed so that site visitors could familiarize themselves with their particular site(s) prior to the visit.

Site Visit Procedures

Because OMB did not clear the interview forms, the original site visit plans were considerably curtailed. Teacher and parent interviews could only be administered at one site, and the component interviews could only be administered at nine. Consequently, only nine programs were visited in 1977 and data from these are not as complete as they would have been had teachers and parents been interviewed. Also, because of the reduced data collection effort, two-person teams were sent to each site for four days each, rather than the originally scheduled four-person teams for five days. The teams consisted of one person from Development Associates and one from High/Scope.

Pre-visit arrangements. Arrangements concerning the dates of the site visit were made in November and each site received a mailing in early January containing (1) a suggested interview schedule, (2) a form for the coordinator to use when scheduling interviews, (3) copies of interview forms for distribution to interviewees prior to the visit, and (4) copies of a letter to each interviewee describing the reasons and objectives for the interview. Early in the week prior to the visit, the High/Scope team member telephoned the coordinator to confirm the week's visit and to answer any additional questions. To minimize the collection of redundant information, each site visitor reviewed the interview forms and background notebooks to identify data that had been previously collected or that simply required updating.

Interviewing procedures. Interviewing responsibilities were generally divided between the site visitors, although joint interviews were commonly arranged for the education component. Interviewers were instructed to make the interviews as conversational as possible and to explore responses with follow-up questions until they were certain that they had enough information to complete the IRI ratings for a given area and to write descriptive accounts explaining the project's activities.

Implementation rating procedures. Although interviewing responsibilities were divided, the IRI ratings for each component were completed by the full team. This process of consensual rating ensured that any data available to the team would be brought to bear on each item and that each item would receive adequate attention and discussion before rating. In practice, the site visitor who had conducted the interview related to a given component usually lead the discussion of that component's IRI ratings. That person would read an item aloud and propose a rating based on his or her knowledge of the site. The second team member would then either agree with that rating or propose an alternative based on whatever information he or she had. When the proposed ratings were discrepant, further discussion followed until consensus was reached. If the team needed additional information to resolve the discrepancy, they would leave that item blank until additional data were collected. If the necessary data were unavailable the item was coded "data insufficient for rating" and not included in computations of the subcomponent mean rating. In some cases an item would be judged inapplicable to the site (perhaps because the program had received special dispensation from the national office for a given requirement). Cases such as these were rare, but when they occurred they were coded appropriately, and that item was also excluded from the subcomponent mean ratings.

The four judgmental rating scales were completed after rating each subcomponent's objective scale, again by a process of consensus. If the judgmental ratings were appreciably different from the objective ratings for that subcomponent, raters were instructed to write a brief explanation for the discrepancy.

Other site visit activities. Although completion of the IRI was an important task for the site visit, other activities were also scheduled that related to other aspects of the Implementation Study. Briefly these were:

- Review of implementation hypotheses with project staff. Interim Report IV contained an initial set of hypothesized factors affecting implementation of PDC. After each component interview the hypotheses related to that component were reviewed with the respondent to obtain insights that would help in the evaluation and revision of the hypotheses. The results of these evaluations can be found in Chapter V of this volume.

- Roundtable discussion with project participants on the "lessons learned" from PDC. Key project staff, parents and teachers met with the site visitors on the last day of the visit to participate in an informal review of their experiences over the last three years and to learn from them what they would do similarly or differently "next time." These reflections contributed to the analysis of the determinants of implementation contained in Chapter V.

- Technical assistance on the Cost Study forms and procedures. The Development Associates team member met with site personnel responsible for maintaining records for the Cost Study to review any possible problems.

Analysis of IRI Ratings

The completed IRI items were coded, punched, and entered into a computer file for ease of analysis. Mean objective ratings for each IRI subcomponent and component were then computed, along with mean component judgmental ratings. Component-level means for objective ratings were computed by taking the average of the subcomponent means, rather than the average of individual item ratings, to ensure that each subcomponent received equal weighting. If this were not done, a subcomponent that happened to contain 20 items would have had a greater influence on the overall component rating than one that only contained two items.

In addition to the above analyses, two supplemental scales were constructed from the individual IRI objective items that addressed PDC issues and concerns spanning individual components. Three such issues were identified: parent involvement in the school and program, teacher involvement in the school and program, and communication/coordination between Head Start and elementary school programs. Items relating to these three issues can be found in every component; for example, IRI items rating communication and coordination between the Head Start and elementary levels are present in both the administration component of the IRI and in the developmental support services component. Ratings from these were extracted and averaged to produce an overall rating of communication and coordination between program levels. Similar analyses were done for items relating to parent involvement and teacher involvement at the two levels.

Cross-Site Patterns in Implementation Ratings

Mean objective and judgmental ratings in each subcomponent area are summarized by site in Table 2. This table shows the number and percentage of items rated for each component and subcomponent, followed by the mean objective rating and the judgmental rating. Overall, the ratings show that PDC is, to varying degrees, implemented at all nine sites. The ratings also show interesting variations across sites and between components with respect to that implementation.

Table 2

IRI Ratings: Winter 1977

COMPONENT/SUBCOMPONENT	Number of Items	CALIFORNIA				CONNECTICUT				FLORIDA				IOWA				MARYLAND			
		Items Rated	% Items Rated	Mean Rating	Judg. Rating	Items Rated	% Items Rated	Mean Rating	Judg. Rating	Items Rated	% Items Rated	Mean Rating	Judg. Rating	Items Rated	% Items Rated	Mean Rating	Judg. Rating	Items Rated	% Items Rated	Mean Rating	Judg. Rating
Administration	52	50	96	3.2	3.0	52	100	3.9	4.0	52	100	2.6	2.6	50	96	3.3	2.6	50	96	2.8	2.4
1. Establishment of PDC Council	20	20	100	3.6	4.0	20	100	3.5	4.0	20	100	2.8	3.0	20	100	3.6	3.0	20	100	3.3	2.0
2. Operation of the Council	15	15	100	3.6	3.0	15	100	4.0	4.0	15	100	2.7	2.0	14	93	3.7	3.0	14	93	3.0	3.0
3. Staffing	11	11	100	3.2	3.0	11	100	4.0	4.0	11	100	3.6	3.0	10	91	3.3	3.0	11	100	3.3	3.0
4. Staff/Council Training	4	2	50	2.0	--	4	100	4.0	4.0	4	100	2.5	3.0	4	100	2.3	2.0	4	100	1.5	1.0
5. Seek Additional Funding	2	2	100	3.5	2.0	2	100	4.0	4.0	2	100	1.5	2.0	2	100	3.5	2.0	1	50	3.0	3.0
Education	41	33	80	3.2	3.2	27	66	3.8	4.0	41	100	3.3	3.0	33	80	3.3	3.5	33	80	3.7	4.0
1. Curriculum Discussion	16	16	100	2.7	3.0	16	100	3.6	4.0	16	100	2.6	2.0	16	100	2.6	3.0	16	100	3.3	4.0
2. HS-Elementary Coordination	6	4	67	2.3	2.0	4	67	3.5	4.0	6	100	2.5	2.0	4	67	3.0	--	4	67	3.8	4.0
3. The PDC Curriculum	11	7	64	3.7	4.0	9	82	4.0	4.0	11	100	4.0	4.0	7	64	4.0	--	7	64	4.0	4.0
4. Individualize Instruction	8	6	75	4.0	4.0	6	75	4.0	4.0	8	100	4.0	4.0	6	75	3.7	4.0	6	75	3.8	4.0
Bilingual/Multicultural	49					39	80	3.5	3.5	43	88	2.8	2.0	36	73	2.8	2.0	35	71	3.5	3.3
1. Coordination of Services	5					1	20	4.0	4.0	5	100	3.2	2.0	1	20	4.0	2.0	1	20	4.0	--
2. Staff Training	12					10	83	3.7	3.0	10	83	3.0	2.0	10	83	2.2	2.0	10	83	3.5	3.0
3. Classroom Activities	16					13	81	3.3	4.0	13	81	2.6	2.0	11	69	2.6	2.0	8	50	4.0	4.0
4. BL/MC Parent Involvement	16					16	100	3.1	3.0	15	94	2.2	2.0	14	88	2.5	2.0	16	100	2.6	3.0
Bilingual Demonstration	59	47	80	3.6	3.7																
1. Coordination of Services	7	3	43	4.0	--																
2. Staff Training	15	11	73	3.8	3.0																
3. Classroom Activities	20	16	80	3.6	4.0																
4. BL/MC Parent Involvement	17	17	100	3.2	4.0																
Handicapped Services	29	25	86	3.5	3.5	25	86	3.6	4.0	29	100	3.1	3.0	23	79	3.1	3.0	24	83	2.9	3.0
1. Coordination of Services	7	5	71	3.8	4.0	5	71	4.0	4.0	7	100	3.9	4.0	5	71	3.8	4.0	5	71	3.2	3.0
2. Services for Children	7	7	100	4.0	4.0	7	100	3.6	4.0	7	100	3.7	3.0	7	100	3.6	4.0	7	100	3.6	4.0
3. Training Activities	8	6	75	2.8	3.0	8	100	3.5	4.0	8	100	2.4	3.0	6	75	1.0	1.0	6	75	1.3	1.0
4. Hand. Parent Involvement	7	7	100	3.4	3.0	5	71	3.3	4.0	7	100	2.3	2.0	5	71	4.0	3.0	6	86	3.7	4.0
Parent Involvement	34	30	88	2.7	3.3	30	88	3.3	3.7	34	100	1.8	2.3	26	76	3.0	3.3	29	85	2.4	2.3
1. Coordination of Activities	10	6	60	3.2	3.0	6	60	4.0	4.0	10	100	2.8	2.0	6	60	3.3	4.0	6	60	3.0	2.0
2. Involve in Program Decisions	18	18	100	3.4	4.0	18	100	2.7	4.0	18	100	1.8	2.0	16	89	3.3	3.0	18	100	2.4	2.0
3. Involvement in Classrooms	6	6	100	1.5	3.0	6	100	3.3	3.0	6	100	1.3	3.0	4	67	2.5	3.0	5	83	1.8	3.0
Developmental Support Services	59	56	95	3.7	3.8	57	97	3.9	4.0	58	98	2.9	3.0	50	85	3.4	3.5	55	93	3.9	4.0
1. Coordination of Services	10	10	100	4.0	4.0	10	100	4.0	4.0	10	100	3.6	3.0	10	100	4.0	4.0	10	100	3.7	4.0
2. Assessment of Needs	14	14	100	3.4	4.0	14	100	3.6	4.0	14	100	3.0	4.0	10	71	2.4	3.0	12	86	3.8	4.0
3. Provision of Services	21	21	100	3.7	4.0	21	100	4.0	4.0	21	100	3.2	3.0	19	90	3.7	3.0	21	100	4.0	4.0
4. Training and Disseminating	14	11	79	3.5	3.0	12	86	4.0	4.0	13	93	2.9	2.0	11	79	3.5	4.0	12	86	4.0	4.0
Preservice and Inservice Training	95	27	28	2.2	2.5	81	85	3.8	3.7	94	99	2.5	2.3	59	62	2.3	2.3	77	81	2.6	2.7
1. Amount of PDC Training	12	8	67	2.4	3.0	12	100	3.7	3.0	12	100	2.8	3.0	11	92	2.7	3.0	12	100	2.3	2.0
2. Orientation to PDC	11	7	64	2.1	2.0	11	100	4.0	4.0	11	100	3.2	2.0	6	55	1.3	2.0	11	100	2.7	3.0
3. Train Parents: School	12	4	33	1.0	2.0	12	100	3.7	4.0	12	100	2.7	3.0	6	50	2.7	3.0	6	50	1.0	2.0
4. Train Parents: Home	9	5	56	3.4	3.0	9	100	3.9	4.0	9	100	1.0	1.0	8	89	3.3	3.0	9	100	3.1	3.0
5. Train Staff: Indiv. Inst.	28	3	11	2.0	--	18	64	4.0	4.0	28	100	2.5	2.0	16	57	2.5	2.0	18	64	3.0	3.0
6. Meeting Needs of Handicapped	15	0	00	--	--	13	87	3.8	4.0	14	93	2.0	2.0	6	40	1.0	1.0	15	100	2.0	2.0
7. Meeting BL/MC Needs	8	0	00	--	--	6	75	3.7	3.0	8	100	3.5	3.0	6	75	2.3	2.0	6	75	3.8	4.0
Supplemental Scales																					
1. HS-Elementary Coor./Commun.	102	85	83	3.5	†	88	86	3.9	†	87	85	3.1	†	80	78	3.2	†	85	83	3.5	†
2. Involve Parents: Head Start	49	31	63	3.0	†	41	84	3.2	†	41	84	1.9	†	31	63	2.7	†	38	78	2.3	†
3. Involve Parents: Elementary	49	31	63	2.8	†	41	84	3.6	†	42	86	1.7	†	35	71	2.7	†	38	78	2.7	†
4. Involve Teachers: Head Start	55	21	38	3.0	†	29	53	3.8	†	42	76	3.4	†	24	44	2.2	†	30	55	3.0	†
5. Involve Teachers: Elementary	55	20	36	2.9	†	29	53	3.7	†	44	80	2.3	†	25	45	2.8	†	30	55	3.0	†

-- Data insufficient for rating. † Judgmental ratings were not made for IRI Supplemental Scales.

Table 2
(Continued)

		MICHIGAN				TEXAS				WASHINGTON				WEST VIRGINIA			
COMPONENT/SUBCOMPONENT	Number of Items	Items Rated	% Items Rated	Mean Rating	Judg. Rating	Items Rated	% Items Rated	Mean Rating	Judg. Rating	Items Rated	% Items Rated	Mean Rating	Judg. Rating	Items Rated	% Items Rated	Mean Rating	Judg. Rating
Administration	52	49	94	3.6	3.6	46	88	3.3	3.0	48	92	3.7	3.6	52	100	3.2	3.6
1. Establishment of PDC Council	20	20	100	3.5	4.0	15	75	2.4	2.0	20	100	3.6	4.0	20	100	3.6	4.0
2. Operation of the Council	15	13	87	3.7	4.0	15	100	3.3	2.0	11	73	3.8	4.0	15	100	3.5	4.0
3. Staffing	11	11	100	3.7	4.0	11	100	3.3	4.0	11	100	3.5	3.0	11	100	3.9	4.0
4. Staff/Council Training	4	3	75	4.0	4.0	3	75	3.3	--	4	100	3.8	3.0	4	100	1.0	2.0
5. Seek Additional Funding	2	2	100	3.0	2.0	2	100	4.0	--	2	100	4.0	4.0	2	100	4.0	4.0
Education	41	35	85	3.7	3.0	34	83	3.7	4.0	33	80	3.6	4.0	39	95	3.8	3.8
1. Curriculum Discussion	16	16	100	3.3	3.0	15	94	3.1	4.0	16	100	3.6	4.0	16	100	3.4	3.0
2. HS-Elementary Coordination	6	4	67	3.8	3.0	4	67	3.5	4.0	4	67	3.8	4.0	4	67	3.8	4.0
3. The PDC Curriculum	11	9	82	4.0	3.0	9	82	4.0	4.0	7	64	3.9	4.0	11	100	4.0	4.0
4. Individualize Instruction	8	6	75	3.8	3.0	6	75	4.0	4.0	6	75	3.3	4.0	8	100	4.0	4.0
Bilingual/Multicultural	49	32	65	3.4	2.3					37	76	3.4	3.7	38	78	3.4	4.0
1. Coordination of Services	5	1	20	4.0	--					1	20	4.0	--	1	20	4.0	4.0
2. Staff Training	12	9	75	3.8	3.0					9	75	3.0	3.0	10	83	3.6	4.0
3. Classroom Activities	16	12	75	3.6	2.0					12	75	3.4	4.0	12	75	3.0	4.0
4. BL/MC Parent Involvement	16	10	63	2.4	4.0					15	94	3.3	4.0	15	94	2.8	4.0
Bilingual Demonstration	59					46	78	3.6	4.0								
1. Coordination of Services	7					3	43	4.0	4.0								
2. Staff Training	15					11	73	3.5	4.0								
3. Classroom Activities	20					16	80	3.3	4.0								
4. BL/MC Parent Involvement	17					16	94	3.6	4.0								
Handicapped Services	29	21	72	3.0	3.8	24	83	3.7	4.0	22	76	2.5	3.3	27	93	3.9	4.0
1. Coordination of Services	7	5	71	4.0	3.0	5	71	4.0	4.0	5	71	4.0	4.0	7	100	3.9	4.0
2. Services for Children	7	6	86	3.2	4.0	6	86	4.0	4.0	5	71	4.0	4.0	7	100	4.0	4.0
3. Training Activities	8	6	75	2.3	4.0	6	75	3.5	4.0	5	63	1.0	2.0	5	63	4.0	4.0
4. Hand. Parent Involvement	7	4	57	2.5	4.0	7	100	3.3	4.0	7	100	1.0	3.0	7	100	3.9	4.0
Parent Involvement	34	27	79	3.5	4.0	30	88	3.1	3.7	27	79	3.1	4.0	34	100	2.6	3.3
1. Coordination of Activities	10	7	70	3.7	4.0	6	60	3.5	4.0	5	50	4.0	4.0	10	100	3.4	4.0
2. Involve in Program Decisions	18	18	100	2.9	4.0	18	100	3.1	3.0	18	100	3.6	4.0	18	100	2.3	3.0
3. Involvement in Classrooms	6	2	33	4.0	--	6	100	2.7	4.0	4	67	1.8	4.0	6	100	2.0	3.0
Developmental Support Services	59	57	97	4.0	4.0	57	97	2.9	3.0	53	90	3.2	3.8	57	97	3.9	4.0
1. Coordination of Services	10	10	100	4.0	4.0	10	100	2.9	3.0	10	100	2.8	4.0	10	100	4.0	4.0
2. Assessment of Needs	14	14	100	4.0	4.0	14	100	3.1	4.0	11	79	3.4	4.0	14	100	3.8	4.0
3. Provision of Services	21	21	100	4.0	4.0	21	100	3.3	3.0	20	95	3.8	4.0	21	100	4.0	4.0
4. Training and Disseminating	14	12	86	4.0	4.0	12	86	2.3	2.0	12	86	2.8	3.0	12	86	3.8	4.0
Preservice and Inservice Training	95	78	82	3.7	4.0	76	80	3.2	3.8	75	79	2.8	3.1	81	85	3.7	3.9
1. Amount of PDC Training	12	12	100	3.4	4.0	10	83	3.4	4.0	12	100	3.1	4.0	12	100	3.1	4.0
2. Orientation to PDC	11	11	100	3.5	4.0	11	100	3.5	4.0	9	82	3.1	3.0	11	100	3.5	3.0
3. Train Parents: School	12	10	83	3.5	4.0	10	83	2.6	4.0	10	83	2.0	3.0	12	100	3.7	4.0
4. Train Parents: Home	9	9	100	3.7	4.0	9	100	3.8	4.0	9	100	3.6	4.0	9	100	3.8	4.0
5. Train Staff: Indiv. Inst.	28	17	61	4.0	4.0	18	64	3.2	4.0	16	57	2.6	3.0	18	64	3.7	4.0
6. Meeting Needs of Handicapped	15	13	87	4.0	4.0	13	87	2.3	3.0	13	87	1.2	1.0	13	87	4.0	4.0
7. Meeting BL/MC Needs	8	6	75	4.0	4.0	5	63	3.4	--	6	75	4.0	4.0	6	75	4.0	4.0
Supplemental Scales																	
1. HS-Elementary Coor./Commun.	102	84	82	3.9	†	86	84	3.4	†	78	76	3.2	†	87	85	3.8	†
2. Involve Parents: Head Start	49	31	63	3.1	†	41	84	2.9	†	40	82	2.6	†	42	86	2.8	†
3. Involve Parents: Elementary	49	38	78	3.1	†	40	82	2.9	†	39	80	2.6	†	42	86	3.5	†
4. Involve Teachers: Head Start	55	28	51	3.6	†	32	58	3.4	†	27	49	2.9	†	32	58	3.4	†
5. Involve Teachers: Elementary	55	30	55	3.8	†	32	58	3.5	†	26	47	3.0	†	32	58	4.0	†

-- Data insufficient for rating. † Judgmental ratings were not made for IRI Supplemental Scales.

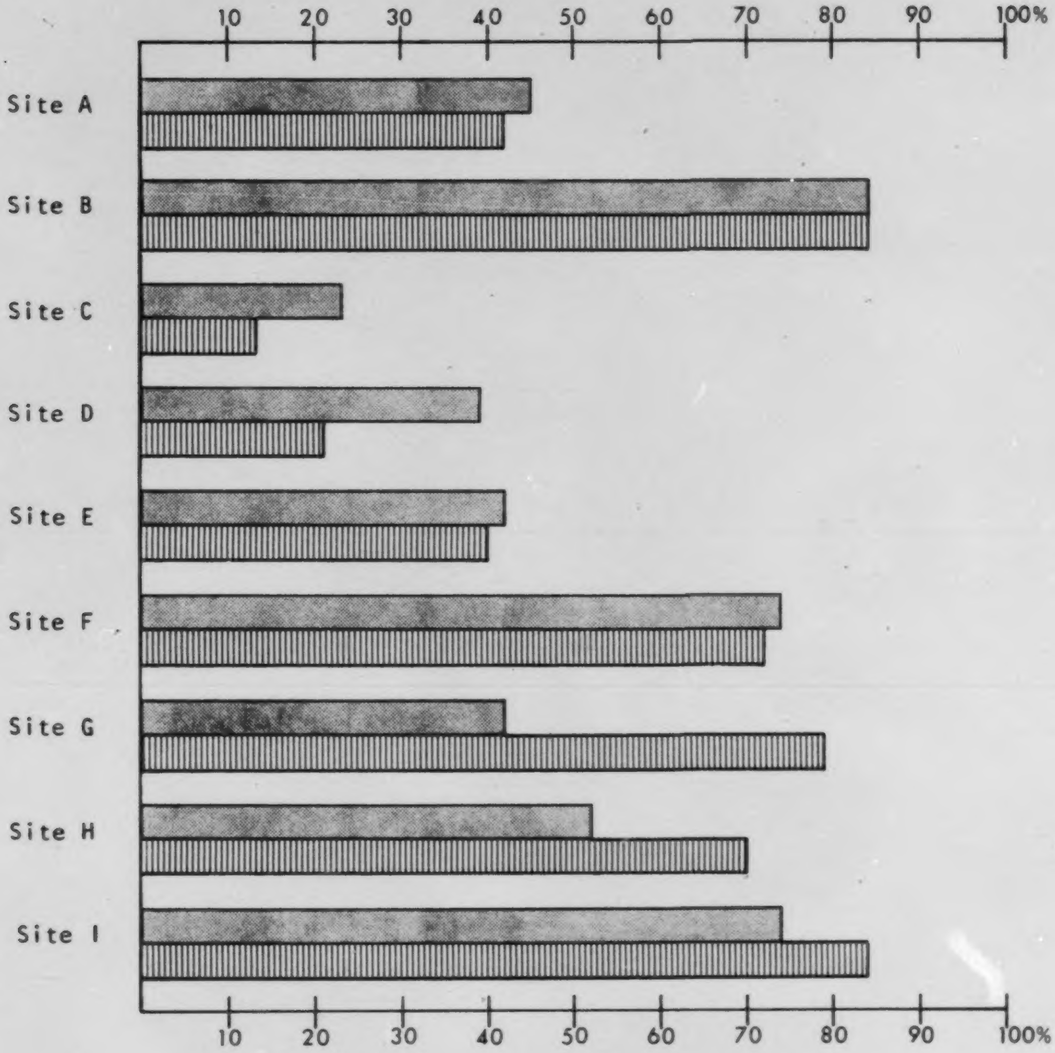
Figure 2 illustrates the variability in overall implementation ratings by displaying the percentage of subcomponents at each site that received high IRI ratings (mean objective ratings of at least 3.5 and overall judgmental ratings of 4). As the figure shows, of the 31 subcomponents rated using the objective scales, one site (B) had mean ratings of 3.5 or higher on 84% of the subcomponents. Four sites had ratings this high in more than 50% of the subcomponents. The judgmental scales generally mirrored these findings, with five sites achieving high ratings on more than 50% of the subcomponents. At two sites (G and H) the judgmental ratings were elevated considerably above the mean objective ratings. For site D the reverse was true (comparisons of the judgmental and objective ratings are presented in a later section of this chapter).

The information in Figure 2 is presented without site names for two reasons. First, the differences in levels of implementation from one site to another are not easily interpreted because of the large number of complex factors that account for these differences. Second, the purpose of the ratings is not to rank sites for making comparisons, but to establish levels of program activities relative to guideline requirements that can be used as dependent variables in analyses that explore the determinants of program implementation. These analyses are described in Chapter V, but before the detailed analyses are presented, some of the cross-site variability and patterns in the component ratings are described.

Education. Almost all sites received high objective and judgmental ratings on the education subcomponents concerned with the development and implementation of the PDC curriculum and diagnostic system. It appears that, whatever other emphases a program may have, classroom instruction is almost always paramount.

Each site has developed or adopted something that could be called a PDC curriculum. As we shall see in Chapter IV, however, this development or adoption meant different things at different sites. At one site, the basic Guidelines requirements were already in place long before PDC began. In others, previous educational practices were quite different from those outlined in the Guidelines. Ratings in the first two education subcomponents (those related to Head Start-elementary school coordination and ongoing discussion of the educational approach) generally reflect these differing levels of involvement by PDC programs in the development, adaptation or implementation of the PDC curriculum.

Figure 2
Percentage of Subcomponents at Each Site
Receiving High IRI Ratings[1]



Key:

▨ % subcomponents with mean objective ratings $\geq$ 3.5.

▥ % subcomponents with overall judgmental ratings of 4.0

[1] Percentages are of the total number of subcomponents for which information was sufficient for rating.

Parent involvement. Ratings for the parent involvement component were the lowest and most varied of any component. (This component also produced the most discrepancies between objective and judgmental ratings.) That the ratings in this area were generally lower may be an artifact more of the criteria used for the objective ratings than of any shortcomings in the programs. On many of the scales, intervals ranged from 0-20% of parents involved for an "a" rating to 80-100% for a "d" rating. Realistically, 100% parent participation in school activities is more difficult to achieve than 100% teacher participation; even the programs most successful at involving parents may never achieve that level. Site visitors repeatedly judged implementation (the judgmental ratings) in this component higher than the objective ratings indicated.

Variations in the implementation levels for parent involvement reflect both differences in program emphases and differences in the difficulty of achieving parent participation among sites that have actively sought it. The two aspects required by the *Guidelines* are participation by parent volunteers in classroom-related activities and participation by parents in substantive program decision-making. Several projects have emphasized the former; few have emphasized the latter.

Bilingual bicultural and/or multicultural. Ratings for the bilingual bicultural and/or multicultural component were similarly variable, but for a different reason: high ratings almost always reflect program emphases resulting from a high concentration of multicultural children in the school's population.

Handicapped services. Ratings for handicapped services were generally high, although the services provided were often the result of other state and local programs, rather than the unique efforts of the PDC staff.

Developmental support services. Ratings for developmental support services also seem to reflect the availability of services from other community resources. Consequently, ratings in the larger urban sites were generally higher than those in smaller communities.

Administration. Ratings in the area of administration were especially sensitive to the nature and operation of the PDC Councils. Sites that have developed representative and vital Councils that participate in program policy decisions generally received high objective IRI ratings. Those that have Councils that are either non-functioning or whose members function as advisors and advocates for the program generally received lower ratings.

Training. Three sites rated highly on all seven subcomponents in this area; the other sites showed highly variable patterns. Again, patterns in these ratings frequently indicate variations in program emphases, although they are also influenced by the extent to which sites maintained records of their training activities.

Supplemental scales. All projects received moderate to high ratings on the 102 items that concern Head Start and elementary school communication and coordination. We anticipated that ECS sites would rate highest on these scales, but the objective ratings do not yield any such pattern. Of the three sites with the highest ratings in this area, one is a PSL project and two are ECS. Not surprisingly, the supplemental rating scales for parent involvement generally reflect the ratings in the parent involvement component. In the area of teacher involvement in program activities, there appears to be a slight tendency for Head Start teachers to have a greater involvement at PSL sites and for elementary school teachers to have higher involvement levels at the ECS sites. The reason for this tendency may be related to the fact that the coordinators of ECS sites more often have the administrative "clout" necessary to enlist elementary school staff in project activities.

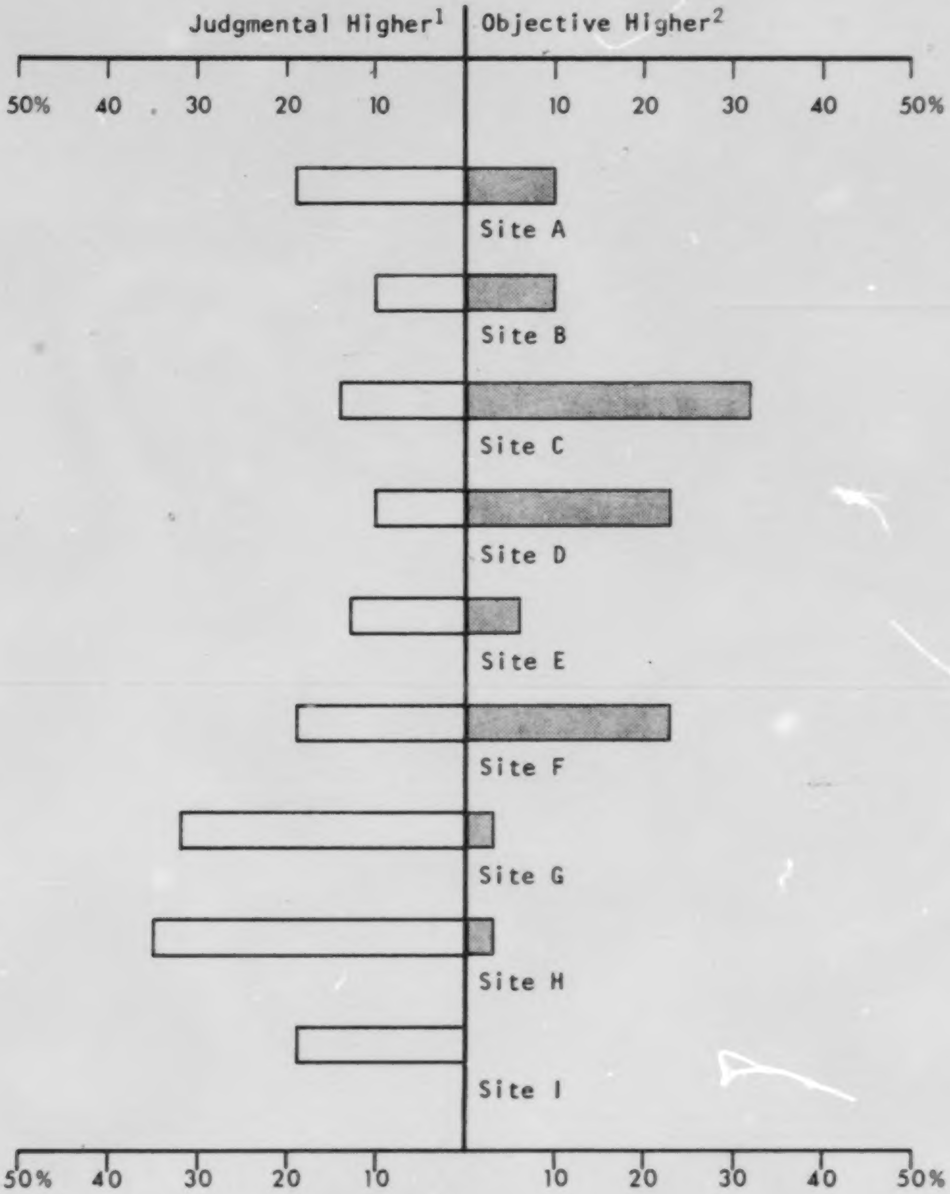
Comparison of Objective and Judgmental Ratings

Figures 3 and 4 compare the objective and judgmental ratings for each site and for each subcomponent. For these figures, a judgmental rating was considered equivalent to the mean objective rating for a subcomponent if the difference between the two was less than .5. As the figures show, sites varied considerably with respect to their objective and judgmental ratings.

The variation among components (Figure 4) was comparable to that among sites. The greatest equivalency between objective and judgmental ratings was in the area of education (81%); the least equivalency was in the parent involvement

Figure 3

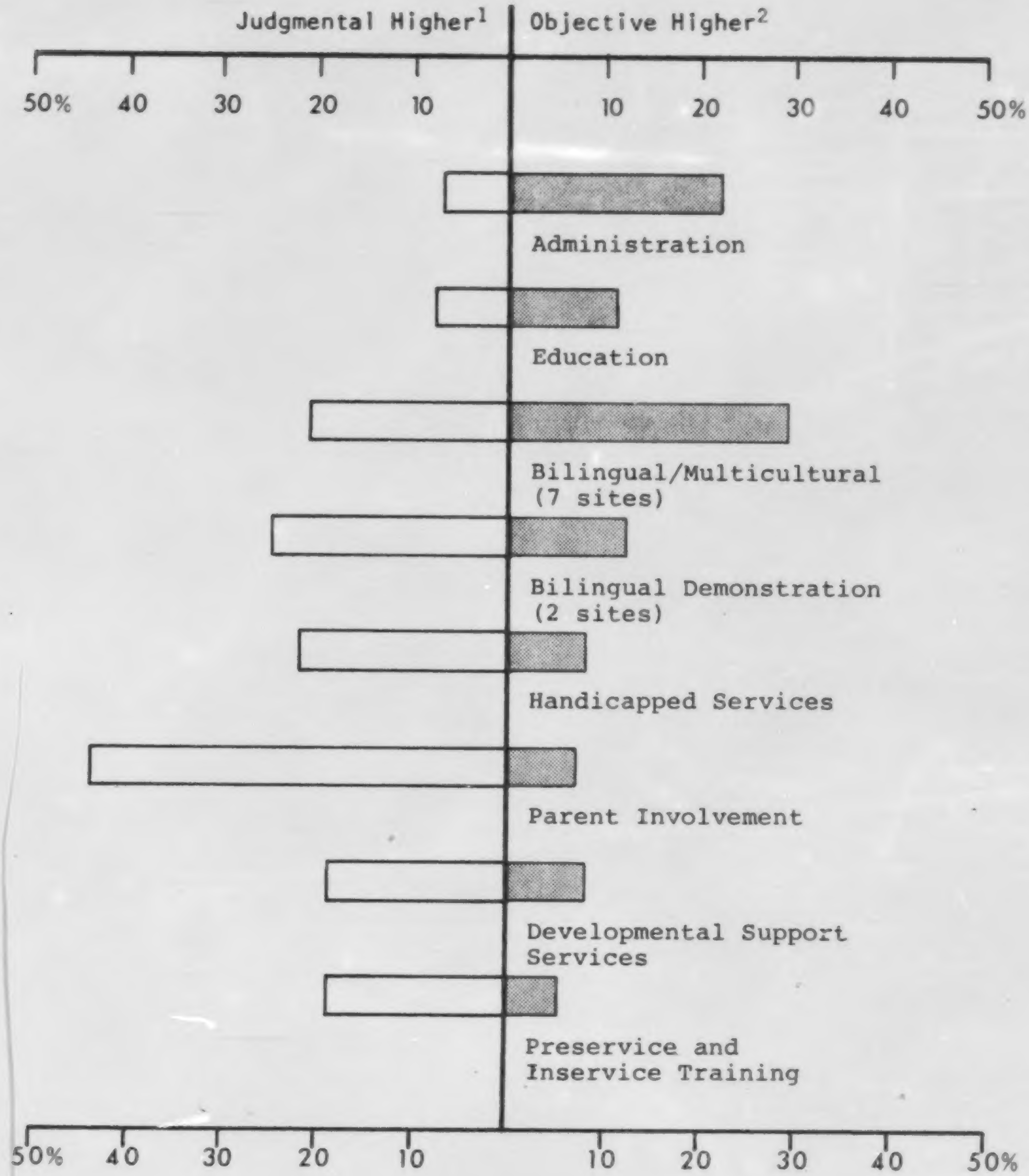
COMPARISON OF OBJECTIVE AND JUDGMENTAL RATINGS BY SITE



[1] Percentage of subcomponents within each site for which the judgmental ratings are more than .5 higher than the mean objective ratings.

[2] Percentage of subcomponents for which the mean objective ratings are more than .5 greater than the judgmental ratings.

Figure 4
COMPARISON OF OBJECTIVE AND JUDGMENTAL RATINGS BY COMPONENT



[1] Percentage of subcomponents within each site for which the judgmental ratings are more than .5 higher than the mean objective ratings.

[2] Percentage of subcomponents for which the mean objective ratings are more than .5 greater than the judgmental ratings.

and multicultural components (48% and 50%, respectively). Even more interesting was the pattern of non-equivalency within parent involvement: of the 14 discrepant ratings, 12 were instances in which the judgmental ratings exceeded the objective.

In order to interpret these differences, it is important to remember the reasons for developing two scales initially. The objective scales were derived directly from the Guidelines; there is at least one scale for each program requirement stated in the Guidelines. Usually, there are additional scales for a given requirement to assess the extent or effectiveness with which the requirement has been implemented. The judgmental scales, in contrast, were developed to introduce some sensitivity to the realities of educational innovation. They were intended to allow site visitors to accommodate mitigating circumstances or judgments about the relative importance of different Guidelines elements. Given, then, the differences in design, there is no reason to expect that the two ratings would be the same. The objective ratings provide a profile of programs' implementation of the discrete Guidelines' requirements; the judgmental ratings provide a picture of site visitors' impressions about the vitality of that program.

Although the judgmental ratings permit adjustments for either mitigating circumstances or differential weighting of elements, the data collection experience indicates that the latter was almost always the explanation for differences between the two types of ratings. At one site, for example, objective ratings for parent involvement were only moderate because the site had not hired PDC parents as aides and because parent involvement in some areas was lower than it might have been. However, activities that had been held had resulted in a growing corps of active and enthusiastic parents; the presence of these parents pervades the entire program and has infected teachers with new enthusiasm for their jobs. For the site visit team, the one or two objective items that address these parent activities overshadowed the other items that addressed the less-implemented aspects of the parent involvement program. Consequently, they rated implementation higher on the judgmental scale for that subcomponent. Other examples can be found among the ratings where the reverse happened: the "letter" of the Guidelines had been satisfied but without much effect on the program.

Limitations of the Ratings

No set of quantitative ratings, no matter how carefully conceived, can ever capture the full picture of a project as complex and comprehensive as PDC. There are some important qualifications that must be remembered when examining the ratings.

Focus Is on Levels of Implementation and Not on Successful Change

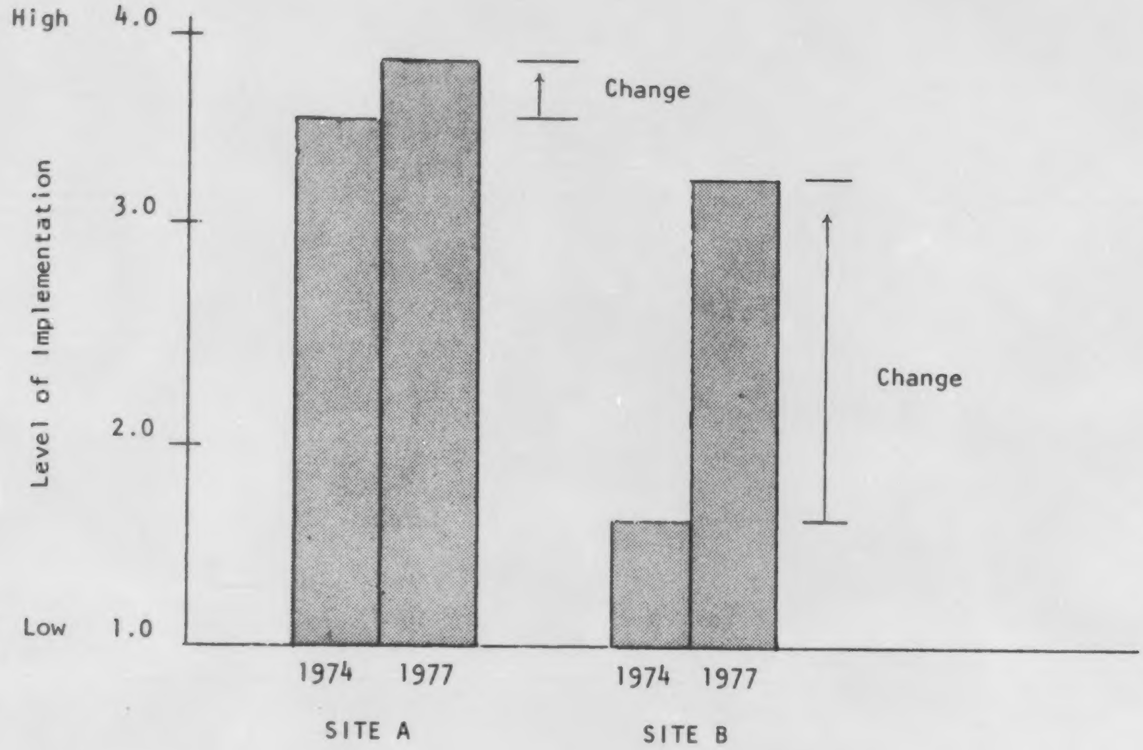
The PDC evaluation was not intended to be a study of change in schools. Instead, the purpose of the evaluation was to answer four questions:

1) How was the PDC treatment implemented locally?
2) What were the effects of this treatment?
3) What were the costs associated with delivering the treatment?
4) What factors and processes shaped implementation?

Underlying these questions was the expectation that, if implemented, PDC was an educational approach that could have an appreciable impact on the children it served. A major focus for the Implementation Study, therefore, was to develop procedures for assessing systematically whether, and to what extent, the treatment was being implemented so that levels of implementation could be related to levels of impact. This in turn meant that regardless of where a project began, the central issue at the end of the first three years of study would be: How closely does the project's educational program approximate the program described in the PDC Guidelines? "Change," therefore, was important only if it was necessary to achieve implementation.

While from the perspective of evaluation this focus may be reasonable, it also means that the implementation levels determined by these procedures will sometimes conflict with an observer's sense of what a site has accomplished over the past three years. This distinction between change and implementation is illustrated in Figure 5. At Site A the curriculum prior to PDC was nearly identical to that

Figure 5
Implementation Versus Change



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required in the Guidelines. "Successful implementation" for that site in this program area meant only that staff had to continue what they were already doing prior to PDC. PDC may have had no impact on teachers' practices in the classroom because it was not necessary in order to comply with the Guidelines. As far as teachers at this site were concerned, PDC may have been a program seeking change in other areas of the school or center, but not in the classroom.

At Site B in the figure, the situation is quite different. The pre-PDC curriculum and approach were radically different from that described in the Guidelines. Through herculean efforts and delicate negotiations the PDC staff may have succeeded in making significant strides toward implementing the PDC ideal, but still have fallen far short of their goals. Because of their efforts, PDC may have become a vital presence in the classroom and may have secured the enthusiastic support of parents and teachers, but because they had so far to go initially, they received a lower implementation rating.

This distinction between implementation and change is apparent throughout the ratings, especially in the parent involvement and handicapped services component areas. As noted earlier, some attempt was made to accommodate these differences in the two types of ratings--objective and judgmental--but the focus remains clearly on implementation and not on change.

Focus Is on Extent of Implementation Rather Than on Quality of Implementation

As we have said, the PDC Guidelines describe a "framework for innovation," rather than a specific innovation. Within that framework each site was encouraged by ACYF to create a program suited to its local situation. Yet in order to systematically relate implementation and impact, some common criteria were needed. While this strategy may make considerable sense from a programmatic point of view, it meant that efforts to assess implementation levels across sites had to accommodate this planned local diversity. For example, the Guidelines state that each site must have a diagnostic and evaluative system as part of its educational approach, but they do not specify what that system should look like, and in fact, sites diverge considerably in their interpretation of that requirement. The IRI ratings, however--especially the objective ratings--reflect only the extent of implementation and not its precise nature. Thus, two sites with very different systems could receive identical ratings because they have both been widely implemented.

In its original design, the IRI was more sensitive to the quality of implementation because items were included that rated participants' judgments of the worth of implemented features. However, without OMB forms clearance, the parents and teachers who could make these judgments could not be interviewed.

Ratings Are Unweighted with Respect to Educational Importance of Implemented Elements

Each requirement from the PDC *Guidelines* produced its own rating scales. Depending on the nature of the requirement, one or many scales may have been derived, but each requirement was accorded equal weight in computing the implementation ratings. Thus, the item that assesses whether each Council member has received copies of the site's proposal for the coming year receives the same weight as the item that assesses the degree of Head Start parent involvement in program decisions. Intuitively, this does not seem right; it is a relatively simple matter to distribute proposals, and doing so has relatively little impact on the school or center program. Parent involvement, on the other hand, can be difficult to achieve, and once achieved can have profound effects on the programs.

Within each subcomponent, some control for these imbalances was possible through the judgmental ratings. Rather than taking the average of objective ratings within that subcomponent, site visitors were encouraged to employ all they knew about the site in arriving at their judgments. Across components and subcomponents, however, there is no weighting. Just as the various elements that make up a subcomponent are of differing importance, the subcomponents may not share the same significance. For example, "The Search for Additional Funds" (subcomponent 5 in the administration component), while important, is hardly as significant as the development of the PDC curriculum (subcomponent 3 in education). It can be very misleading, therefore, to make overall judgments based solely on the aggregate of ratings.

Only Nine of the Sites Could Be Visited and Assessed

This limitation was not imposed by design but by the failure of the Office of Management and Budget to approve the necessary data collection forms. The OMB regulations permit the use of data collection forms on up to nine respondents without approval, however, and since several interview forms were designed for use with only one person at each site, this meant that nine of the PDC sites could be visited and assessed.[1] Unfortunately, the circumstances surrounding the forms clearance process did not permit careful selection of the nine sites to be visited, and the three sites omitted from the assessment were all PSL sites. The ratings summarized here, therefore, do not reflect the full diversity of PDC.

Ratings Are Based Primarily on Interviews with PDC Staff

Interviews at most sites were conducted only with PDC staff members or others intimately involved with the project. Again, failure to obtain forms clearance meant that a total of only nine teachers and nine parents could be interviewed across all sites. Consequently, teachers and parents were interviewed at only one site--Florida. One consequence of this lack of teacher and parent responses has already been mentioned; fully one-fourth of the IRI objective items could not be rated and an entire dimension of implementation had to be ignored. A second implication of this omission, however, is harder to pinpoint: most of the raters' judgments about levels of implementation were based solely on information obtained from people directly responsible for the local implementation of PDC. Teachers and parents often provide valuable new perspectives on the nature of the program that has been implemented at their site. Understandably, program staff are aware of each facet of their program and often assume that others are equally aware. Sometimes, however, a program element thought salient by a coordinator has never been noticed by parents or teachers. At other times, teachers may praise a feature of PDC that the coordinator never thought to mention. In either case, the additional perspectives are useful for those who are trying to assess implementation, and their absence at eight of the nine sites may have distorted the ratings. Similarly, the presence of these additional perspectives in Florida probably produced ratings unlike those for other sites.

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[1] A tenth site--Arizona--could also be visited in 1977 because the data collection procedures used there were different from those at the other nine sites.

Because an effort was made in the evaluation to send the same visitors back to the same sites each time, the basis for the IRI ratings is not quite as narrow as might appear from the restrictions on interviewing. For many of the visitors this was their third or fourth visit to the site. In earlier visits they had observed classes in operation and spoken informally to teachers and parents. Where these additional perspectives were available to members of the site team they were brought to bear in the ratings (particularly in the judgmental ratings).

Comparability of the Data and Ratings Across Sites Is Problematic

Although the same basic data collection procedures were used at most sites, the quality of data produced was not uniform. Not all sites maintained the Record-Keeping System in equivalent detail; some, for example, recorded every training event while others kept records of only a sampling. Additionally, the "most knowledgeable persons" interviewed for each component possessed varying levels of program knowledge. At some sites this person had been intimately involved in component activities from the beginning of PDC; at others, the person interviewed was a relative newcomer to PDC and was not familiar with early project events.

Comparability of ratings is similarly problematic. Tests of interrater reliability are impractical for an instrument such as the IRI. The only practical way to obtain comparable ratings is to prepare precise definitions of the criteria for ratings and to devote considerable effort to the training of raters so that they will have a common understanding of the criteria to be applied. Precise definitions are more practical for the objective IRI items than for the judgmental because the former address program elements that are more discrete. Consequently, the information that should go into each rating can be specified more fully. By design, the judgmental ratings are based on more global impressions. We would, therefore, expect greater comparability between teams' objective ratings than between their judgmental ratings.

Both types of ratings would appear to have certain advantages and disadvantages. Although judgmental ratings may be more sensitive to the situations of individual programs, the comparability across sites is questionable. Even within a given site, other observers could question a site team's judgment. On the other hand, since the objective items are highly quantifiable and often based on program records, they should be more comparable across sites. Because of the advantages and strengths of each type of rating, both should be considered in assessing PDC implementation.

Summary and Conclusions

Overall, the IRI ratings appear to produce a meaningful assessment of sites' implementation of the basic PDC Guidelines--when the qualifications listed on the preceding pages are remembered. The implementation ratings show interesting variations across sites and between components with respect to that implementation:

- In education, each site has developed or adopted something that could be called a "PDC curriculum," although this curriculum may or may not be substantially different from what existed previously.
- Ratings for the parent involvement component were the lowest and most varied of any component, reflecting both differences in program emphases as well as differences in the success of efforts to bring parents into the school.
- Ratings for handicapped services, developmental support services, and the bilingual bicultural and/or multicultural components were variable and almost always reflected differences in the local settings for PDC (size of target populations, existing programs and policies, and so forth).

- Sites with representative and vital Councils generally received higher ratings in the administration component than those with Councils that were either non-functioning or functioned solely in an advisory capacity.

- Most sites showed wide variations on ratings for the training component that corresponded to different program emphases.

The ratings provide a picture of the degree of implementation and not a basis for evaluating the "success" of a program or a measure of changes created locally by PDC. These latter are different questions entirely. By determining degrees of implementation, the IRI yields an index that may be used later to explore relationships between implementation features and impacts. From this perspective, the ratings discussed here suggest that, as of the third program year, each PDC project has achieved substantial implementation in at least some component areas. Each project has its own distinctive implementation "profile" (see Appendix A) which, as we shall see in Chapter V, reflects the interaction of local history, district priorities, and implementation decisions.

IV

PATTERNS OF IMPLEMENTATION ACTIVITIES

Overview

Because of flexibility in the Guidelines, PDC sites planned, designed, and implemented different procedures and activities in order to meet the broad guideline requirements. This chapter examines these procedures and activities; tables have been constructed which show the various activities sites engaged in and the various methods they used to achieve implementation of the Guidelines, and the text accompanying each table discusses patterns within categories and across sites. The tables (generally one relating to each component) were constructed by first identifying certain salient requirements for each component and then filling in the relevant data for each site. The tables provide a quick review or summary of program features at each site while the text identifies patterns of implementation across sites.

The data for these tables and analyses were derived primarily from the winter 1977 site visits, the implementation ratings based on interviews and site records, and the individual site implementation reports (Volume 2 of this interim report). Draft copies of this chapter were sent to sites for their comments in fall 1977. Based on their feedback, tables have been revised and, where necessary, corrected.

The presentations are organized by program component and presented in the following order: administration, education, bilingual bicultural and/or multicultural programs, services for handicapped children, parent involvement, and developmental support services; training activities are represented within the other components.

Administration

Role and Composition of the PDC Council

Table 3 outlines the number of PDC Council meetings held at each site, the role and composition of the Councils, and the procedures used to ensure communication between the Councils and the groups they represented.

In terms of the number of Council meetings held, it appears that the sites can be divided into those that had monthly or almost monthly meetings and those that had fewer. Five to seven meetings were held by February 1977 at six of the sites, whereas three sites held two to four meetings during that same time period.

The table also shows that five Councils included all the representatives required by the Guidelines. The Councils at the remaining sites were each missing at least one of the required members. The group that was most likely to be unrepresented was the Board of Education; three Councils were lacking this member. Elementary teachers and community representatives were the only groups that were represented on all nine PDC Councils.

Several patterns emerged in terms of the numbers of parents, teachers, and administrators who served on the Councils. First, in every case there were fewer Head Start than elementary parents. Similarly, in every case the number of Head Start teachers was less than or equal to the number of elementary teachers. Except in California, there were also more elementary than Head Start administrators. These patterns may be related to the fact that at all sites there were fewer Head Start than elementary children, but the result in many cases was that the PDC Council had more members representing elementary school interests than it had representing those of Head Start. With the exception of the Washington site, the number of Head Start parents on the Councils was greater than or equal to the number of Head Start teachers. The reverse pattern held at the elementary level: the number of elementary parents was always greater than (or equal to) the number of elementary teachers. With the exception of the California site, more administrators were included on the Councils from the elementary level than from the Head Start level.

Table 3

Role and Composition of PDC Councils

SITE	MODEL	No. Council Meetings in 1977[1]	Composition of PDC Council	Role of the PDC Council	Communication Procedures
CA	PSL	6	HS Ele Administrators 2 1 Teachers & Aides 2 2 Parents 2 5 HS Policy Council 1 Board of Ed. 2 Community Reps. 3 Other 1 Total 21	ADVISORY. Participates in proposal writing, budget review, PDC staff selection, hearing of grievances, program monitoring and review.	When appropriate, reports about PDC activities are given in weekly Head Start and elementary staff meetings and at monthly Head Start Center Board and Elementary Advisory Council meetings.
CT	PSL	4	HS Ele Administrators 1 5 Teachers & Aides 2 6 Parents 2 9 HS Policy Council 1 Board of Ed. 1 Community Reps. 9 Total 36	ULTIMATE DECISION-MAKING POWER. Responsible for writing proposals, budget review, PDC staff selection, program monitoring and evaluation, monitoring of communication between the Head Start and the elementary schools. Interviewees indicated high parent involvement on the Council and general enthusiasm and optimism about its functioning. According to local staff, 4 subcommittees of the Council are critical to the decision-making process. Each Council member serves on at least 1 subcommittee. These subcommittees meet between full Council meetings.	Head Start and elementary newsletters carry information in Spanish and English. Head Start and elementary staff and parents attend Council meetings and report back to their groups. Much informal communication with school staffs and parents. Council meeting agendas are sent to all members before each meeting. Council minutes are also sent to members after each meeting. Council members serve on task teams for each component area.
FL	PSL	2* *site visited in Jan.	HS Ele Administrators 1 2 Teachers & Aides 2 2 Parents 2 3 HS Policy Council 1 Board of Ed. 2 Community Reps. 4 Other 0 Total 19	ADVISORY. Makes policy recommendations to the grantee, assists in PDC staff selection, serves as a linkage between the Head Start and elementary school programs, provides support to PDC coordinator through component area task forces.	A bimonthly newsletter is sent out after meetings to Head Start and elementary staff and parents. Council members receive Council minutes after each meeting. Head Start members send memos to their respective groups. Informal telephone communication also occurs.

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[1] July 1976 - February 1977

Table 3
(Continued)

SITE	MODEL	No. Council Meetings in 1977[1]	Composition of PDC Council	Role of the PDC Council	Communication Procedures
IA	ECS	5	HS Ele Administrators 2 3 Teachers & Aides 1 4 Parents 2 8 HS Policy Council 3 Board of Ed. 2 Community Reps. 5 Total 30	**ADVISORY**. Participates in budget review, PDC staff selection, program development, and proposal writing.	A bimonthly newsletter summarizes PDC Council minutes for Head Start and elementary staff and parents. PDC matters are discussed at faculty meetings. Other communication is carried out informally. All school staff receive the coordinator's monthly reports.
MD	ECS	7	HS Ele Administrators 1 4 Teachers & Aides 1 5 Parents 1 5 HS Policy Council 2 Board of Ed. 0 Community Reps. 5 Other 0 Total 24	**ADVISORY**, although the principal reports that all Council recommendations have been approved. Participates in budget review, PDC staff selection, program development, proposal writing, updating local by-laws. Helped prepare a handbook for parents. Spent most of fall 1976 discussing the local reorganization of PDC.	Head Start and elementary children take notices home weekly or biweekly. They also take home monthly menu reports which usually carry PDC news. All new children take home an information packet on PDC and discuss it with the principal or parent involvement coordinator. School staff are informed at weekly staff meetings and by a master calendar which lists all PDC business and events.
MI	ECS	6	HS Ele Administrators 0 2 Teachers & Aides 1 4 Parents 8 15 HS Policy Council 1 Board of Ed. 0 Community Reps. 3 Other 0 Total 35	**ADVISORY AND DECISION-MAKING**. Responsible for budget review, program monitoring, and proposal planning. Participate in PDC staff selection. All interviewees said that the Council has been highly effective.	Head Start and elementary staff and parents receive weekly newsletters. Head Start and elementary staff and parents who attend Council meetings also receive the minutes of each meeting and the agenda for the next one.

[1] July 1976 - February 1977

Table 3
(Continued)

SITE	MODEL	No. Council Meetings in 1977[1]	Composition of PDC Council	Role of the PDC Council	Communication Procedures
TX	ECS	3	HS Ele Administrators 0 1 Teachers & Aides 0 1 Parents 2 4 HS Policy Council 1 Board of Ed. 1 Community Reps. 1 Other 0 Total 11	COMMUNITY LIAISON. Also gives final approval to proposals and reviews activities. Little or no role in the day-to-day operation of the PDC program. Program Improvement and Parent committees perform most of the planning and decision-making duties outlined in Guidelines for PDC Councils.	Infrequent reports are made to the Head Start and elementary staffs by those teachers on the Program Improvement Committee who are also on the Council. Head Start and elementary parents receive no communications directly from the Council. However, the Parent Involvement coordinator does communicate to the parents any decisions that may affect them.
WA	ECS	5	HS Ele Administrators 1 1 Teachers & Aides 2 2 Parents 1 4 HS Policy Council 3 Board of Ed. 0 Community Reps. 9 Other 13 Total 36	ADVISORY, with respect to the elementary school principal and Head Start director. Grantee has final word in matters related to program operations, e.g., evaluation, finance and reports. Council is responsible for program monitoring and proposal and budget review.	Council representatives make monthly or bimonthly reports at Head Start and elementary staff meetings. A monthly newsletter is sent to all parents.
WV	ECS	5	HS Ele Administrators 1 2 Teachers & Aides 2 2 Parents 4 6 HS Policy Council 1 Board of Ed. 2 Community Reps. 4 Other 0 Total 24	ADVISORY. Participate in budget review, PDC staff and teacher selection, proposal writing, program development, recommend areas for training.	Council minutes are sent to Council members. A monthly newsletter informs Head Start and elementary staff and parents. Memos about training sessions are also sent out to all staff and parents. Council members share the minutes of each meeting with the groups they represent.

[1] July 1976 - February 1977

Differences were apparent in terms of the total number of people on each Council. The Texas site had 11 persons on its Council; four sites (California, Florida, Maryland, West Virginia) had Councils containing 19-24 persons; and four sites (Connecticut, Iowa, Michigan, and Washington) had Councils with 30-36 persons.

Turning to the roles of the Councils, some similarities can be seen. First, at only one site (Connecticut) did the Council have ultimate decision-making authority; at all other sites the role was advisory. (At some of these, though, "advice" from the Council was functionally equivalent to a decision, since it was almost invariably heeded by the administration.) Councils at all sites took part in proposal writing and reviewed the budget. Councils at all sites but Texas and Washington were also involved in the staff selection process. At four sites Councils were engaged in program monitoring, and at three sites they were active in program development work.

Procedures for communicating Council news to the groups represented included reports to Head Start and elementary staff meetings, newsletters and notices to teachers and parents, Council agenda and minutes to Council members, and, at one school, a master calendar showing PDC events. All sites but two reported making use of school staff meetings as a vehicle for announcing Council concerns. Six sites sent newsletters and/or notices about Council business to parents and teachers on a weekly, bimonthly, or monthly basis. Four sites mailed agendas before meetings, and minutes afterward, to keep Council members up to date. Informal communication, of course, supplemented these more formal means.

Staffing Patterns

Basic staffing requirements were spelled out in the Guidelines and called for a full-time PDC coordinator, a full- or part-time person responsible for the support services component, and a full- or part-time person responsible for the parent involvement component. The PDC coordinator was in all cases in charge of the administration component. Other components were to be assigned to a specific staff member. The staffing pattern each site used is shown in Table 4. There were similarities in staffing for four of the component areas and differences in staffing for two of the components.

The staffing patterns sites used for the education, parent involvement, support services and training components were fairly similar. Because of the Guideline requirements, most sites had parent involvement coordinators and support services coordinators

Table 4

PDC Staffing Patterns

SITE	MODEL	DIVISION OF RESPONSIBILITY BY COMPONENT						Number of Teachers		Number of Aides	
		Education	Bilingual Multicultural	Handicapped	Parent Involvement	Developmental Support Services	Training	HS	Ele	HS	Ele
CA	PSL	No coordinator since 2/16/77. PDC Coordinator serves as the acting component coordinator. Prior to 2/77, the coordinators were the HS Education Coordinator and the Elementary Bilingual Specialist.	No coordinator since 2/16/77. Prior to 2/77, the coordinators were the HS Education Coordinator, the PDC Bilingual Resource teacher, and the Elementary Bilingual Specialist.	HS: HS Supervisor. Ele: Principal and Learning Disabilities teacher.	Parent Involvement Coordinator works closely with: HS Parent Involvement Coordinator, HS Supervisor, Elementary Counselor.	DSS Coordinator (an RN) coordinates with: HS nurse, HS nutritionist, Elementary school nurse.	HS Education Coordinator, District Reading Specialist.	4	9	11	11
CT	PSL	PDC Elementary Curriculum Specialist who works closely with the HS Curriculum Specialist.	Elementary School A Parent Coordinator (25% PDC).	Support Services Coordinator (80% PDC).	Outreach Specialist (80% PDC).	Support Services Coordinator (80% PDC). Health Assistant (60% PDC).	PDC Coordinator.	3	32FT 6PT	3	9PT
FL	PSL	PDC Coordinator.	PDC Coordinator.	Elementary Principal and teacher of profoundly mentally retarded.	Parent Involvement Planner assisted by an outreach aide. Six parent consultants.	DSS Coordinator (referrals and workshop scheduling); PDC Coordinator (securing consultants); 2 outreach aides (field activities); HS Health Coordinator and Elementary nurse (screenings and follow-up).	PDC Coordinator, HS Program Trainer, Kindergarten teacher	4	36-1/2	13PT	19PT
IA	ECS	HS: HS Coordinator with some support from the PDC Coordinator. Ele: PDC Coordinator.	Elementary School Principal.	HS: HS nurse. Ele: School nurse.	PDC Coordinator and PDC Home-School Liaison Workers.	HS: HS Social Service Coordinator and HS Parent Involvement Coordinator. Ele: Elementary school nurse (40% PDC).	PDC Coordinator.	2	12	2	5
MD	ECS	Elementary teacher, School Principal.	Three elementary teachers.	Assistant Principal assisted by the Educational Management Team.	Parent Involvement Coordinator.	DSS Coordinator, Social Worker (Nutrition and Social), School nurse (Health and Dental).	School Principal.	2	16	2	12

Table 4
(Continued)

SITE	MODEL	DIVISION OF RESPONSIBILITY BY COMPONENT						Number of Teachers		Number of Aides	
		Education	Bilingual Multicultural	Handicapped	Parent Involvement	Developmental Support Services	Training	HS	Ele	HS	Ele
MI	ECS	PDC Coordinator.	None; services handled through existing school program.	PDC Coordinator overall: HS: HS Director Ele: Elementary teacher	Parent Involvement Coordinator.	DSS Coordinator (full time) assisted by HS Social Services Coordinator.	PDC Coordinator assisted by Parent Involvement Coordinator and DSS Coordinator.	2	10	4PT	4FT 1PT
TX	ECS	PDC Instructional Supervisor.	PDC Instructional Supervisor.	PDC Coordinator, Diagnostician coordinates actual delivery of services.	Parent Involvement Coordinator (100% PDC).	DSS Coordinator (School nurse) responsible for health-related services. Parent Involvement Coordinator responsible for social services.	PDC Instructional Supervisor, PDC Coordinator, Parent Involvement Coordinator.	Unit I: 4 Unit II & III: 8		Unit I: 4 Unit II & III: 6	
WA	ECS	Curriculum Specialist, assisted by PDC Council subcommittees.	ESAA Social Worker, PDC Coordinator.	Pupil Personnel Service Team (see DSS).	Parent Involvement Coordinator (jointly funded by HS and Title I) and Training-Inservice Committee.	Pupil Personnel Service Team which includes: School nurse, School Psychologist, Counselor, Speech Therapist, Reading Resource Teachers, and Social Worker.	PDC Coordinator, Curriculum Specialist, Parent Involvement Specialist.	3	12	3FT 3PT	12
WV	ECS	School Board Instructional Specialist.	Multicultural Coordinator. Multicultural task force.	Coordinator for Handicapped and Learning Disabled Services, assisted by a team of specialists.	Parent Involvement Coordinator (full time).	DSS Coordinator (an RN, 100% PDC). Assisted by the Head Start nurse and PDC Social Services Parent Involvement Assistant.	PDC Coordinator, assisted by the Assistant Superintendent for Curriculum and Instruction.	2	8	2	6

PT = Part time. FT = Full time.

who were responsible for their respective areas. The three sites that did not have parent involvement coordinators did have PDC staff who were responsible for this component, but gave them different titles. In the three sites that did not have support services coordinators, the responsibility was shared by either a support services team (Washington), a Head Start coordinator and a school nurse (Iowa), or by the PDC parent involvement coordinator and school nurse (Texas).

In all sites but one the PDC coordinator was responsible for planning and carrying out the training associated with PDC. In five of these eight sites, though, the coordinator shared this task with other staff--generally the individuals responsible for the component area associated with the particular training session. The last area where PDC staff responsibility looks similar across sites is that of education; in five sites the PDC coordinator was responsible for the education component and in four sites a curriculum specialist was responsible.

As the table shows, the person(s) responsible for the bilingual bicultural and handicap components varied across sites. The responsibility for overseeing the handicap component was assigned to someone in each of the nine sites although the person(s) varied from a team of resource persons (Washington), to a principal and teacher (Florida), to the support services coordinator (Connecticut). Likewise, the staff person(s) responsible for the bilingual bicultural component was a social worker in Washington, the PDC coordinator in Florida the multicultural coordinator in West Virginia, and three teachers in Maryland. Two sites did not designate anyone as being responsible for implementation of this component, and at one site (California), the position of bilingual education coordinator was vacant at the time of the site visit.

There was considerable variety across sites in the assignment of responsibilities across Head Start and elementary programs. The ECS sites more often had a single individual charged with implementation activities for a component area at both the Head Start and elementary school levels; PSL sites generally had different people assigned at each level.

Overall, perhaps the most interesting pattern to emerge from Table 4 has to do with the number of component responsibilities assumed by the different PDC coordinators. At some sites the PDC coordinator has assumed responsibility for as many as three components; at others he or she is directly responsible only for administration. In Chapter V we will return to this issue and investigate what effects these differences in the division of responsibility may have had on sites' implementation.

Education

Types of Curricula

Table 5 describes the types of curricula that PDC sites were implementing, and other curriculum-related information such as the diagnostic and evaluative system, provisions for ongoing discussion and refinement of the curriculum, how the curriculum was selected or developed, and how similar it was to the pre-PDC curriculum. There were remarkable similarities across sites in three of the curriculum categories and marked differences across sites for the other two.

The sites vary with respect to how similar their PDC curriculum was to their pre-PDC curriculum. During the planning year, sites were told that the education guidelines calling for a compatible, coordinated curriculum for children from preschool through third grade did not mean that sites had to select or develop a totally new curriculum. Therefore, if a site's curriculum matched PDC goals and objectives it could become the PDC curriculum. Five sites opted for their pre-PDC curriculum (or revised it slightly), while the other four sites eventually implemented a curriculum that was quite different from the one they had prior to PDC. Of these four sites that decided to start anew, two selected commercial models (Dale Avenue and Individually Guided Instruction) and two developed their own curricula. As we shall see in Chapter V, each strategy seems to have had its advantages and disadvantages.

In all sites education committees were instrumental in deciding on the PDC curriculum. Their involvement included reviewing curricula, visiting programs to see a particular model in operation, and actually revising a curriculum or developing a new one. For the most part, these committees or task forces included parents, teachers, and administrators.

There is considerable diversity across sites with regard to their curricula. No two sites were using the same materials or models, yet all appeared to meet the PDC curriculum goals and objectives outlined in the Guidelines (e.g., continuity of curriculum, developmentally appropriate activities, individualized instruction, and the development of the total child). As the table shows, the curricula range from West Virginia's teacher-developed Personalized Learning Units for Students (PLUS), to Texas' adaptation of the Individually Guided Education Model and Florida's county-mandated curriculum. Thus, there were many ways in which a curriculum could meet the PDC goals and objectives for the education component.

Table 5

Types of PDC Curricula

SITE	MODEL	SIMILARITY OF PDC & PRE-PDC CURRICULA	PROCEDURES FOR SELECTING/ ADOPTING THE PDC CURRICULUM	BASIC FEATURES OF THE PDC CURRICULUM	PROVISIONS FOR ONGOING DISCUSSION AND REFINEMENT OF THE PDC CURRICULUM	DIAGNOSTIC AND EVALUATIVE SYSTEMS
CA	PSL	Fairly similar. The school district had a continuous curriculum in reading, math, language arts and multicultural education. Bilingual curriculum elements had been introduced before PDC, but PDC has resulted in a broader and better organized bilingual program.	Curriculum committee reviewed bilingual materials and visited various models before urging adoption of the Nestor School Model.	Oral language model is used at the Head Start and KDG level and the Oral Language Program (OLP) techniques are employed in Head Start. Nestor model is used in elementary school; it is an "alternate day" approach emphasizing both Spanish and English as means of instruction. Nestor School materials, Developmental Reading Program, the OLP, and parts of the Individualized Math Program are used.	1. Monthly meetings of the educational task force (composition of task force: parents, HS teachers, Ele. teachers, HS and Ele. school administrators, HS and Ele. aides, and resource staff). 2. Grade level meetings.	HS-Bilingual Syntax Measure (BSM); locally developed checklists. Ele-KDG: Test of Basic Experiences (TOBE); G1-G3: Comprehensive Test of Basic Skills (CTBS); Carrow Screening Test (English & Spanish comprehension); Bilingual Syntax Measure (BSM); Developmental Reading Program for Spanish; locally developed reading, math, language arts program tests/checklists; SW Educ. Lab. Materials (SEDL: KDG only); DISTAR; teacher developed materials.
CT	PSL	Different. PDC staff have substantially revised the pre-PDC curric. by 1)making it continuous from HS to KDG; 2)developing more specific goals and objectives; 3)incorporating multicultural units developed by PDC teachers; 4)focusing on development as opposed to academic skills.	Education task force refined the existing curriculum.	Reading-Ginn Economy Special Linguistic series and Holt, Rinehart, & Winston basal reading program. Math-Workbooks and activities; no textbooks. Social Studies-Teacher developed units incorporating multicultural ideas or issues into other subject areas. Writing-Creative writing at G3; Lillian Duggen program at G1-G2.	1. Monthly meetings of the educational task force (composition: HS and Ele. parents, teachers, aides, administrators, and resource staff). 2. Frequent training sessions. 3. Staff meetings.	HS-Santa Clara Screening Test; Illinois Test of Psycholinguistic Abilities (ITPA); Boehm Test of Basic Concepts; TRIOTA (phonemic test). KDG-3-Teacher developed test and checklists. G2-Stanford Achievement Test (SAT).
FL	PSL	Very similar. The county-wide mandated curriculum is used in the PDC program at the elementary level. Both this curriculum and the Head Start curriculum have changed over the past three years but not as a result of PDC.	Education committee reviewed, refined and adopted the existing Head Start and school curriculum as the PDC curriculum.	Portage Model and Bridge-to-Reading used at Head Start level. Systems Approach to Developmental Improvement (SADI) used at KDG level. Systems Approach to Reading Instruction (SARI) used in G1-G3 along with the Reading Box program.	Intermittent meetings of the education task force (composition: teachers, aides, administrators, parents, and resource staff at HS and Ele. level).	HS-Portage Guide; Carolina Profile. KDG and Ele-Handbook in Diagnostic Teaching (Mann & Sutter) is used to complement SADI & SARI; SARI pretests; school achievement tests.

Table 5
(Continued)

SITE	MODEL	SIMILARITY OF PDC & PRE-PDC CURRICULA	PROCEDURES FOR SELECTING/ ADOPTING THE PDC CURRICULUM	BASIC FEATURES OF THE PDC CURRICULUM	PROVISIONS FOR ONGOING DISCUSSION AND REFINEMENT OF THE PDC CURRICULUM	DIAGNOSTIC AND EVALUATIVE SYSTEMS
IA	ECS	Quite different. The PDC program adopted aspects of various curricula. The PDC curriculum is more individualized, has different goals and objectives and requires more pretesting and recordkeeping than the pre-PDC curriculum.	Curriculum committee, consisting of teachers, parents and administrators, reviewed various curricula and selected components of those which would meet the needs of the PDC population.	Waupon curriculum used at the Head Start and KDG levels. A locally modified version of the Dale Avenue Curriculum is used at the elementary level along with SARI and locally developed math and health components. The IOX (a curriculum focusing on attitudes and emotions) is also used in the PDC classrooms.	Each spring PDC staff review the current version of the curriculum and make necessary revisions (composition: MS teachers and resource staff, Ele. school parents, teachers, administrators, resource staff, and aides).	MS and Ele-Criterion-referenced tests that accompany commercial curricula.
MD	ECS	Fairly similar. Curriculum is county mandated so no major changes in basic skills areas. However, PDC has developed a multicultural curriculum which has been incorporated into social studies and language arts teaching.	Committee of teachers, parents, and resource staff developed multicultural curriculum and integrated it with the county-wide curriculum.	County-wide curriculum focuses on the basic skills through the use of various commercial materials and emphasizes active learning. The Multicultural Curriculum Guide addresses the diverse cultural background of the school population and describes learning experiences directed at developing positive attitudes and feelings of self-worth.	1. Education committee meets every six weeks (composition: MS and Ele. parents, teachers, resource staff, and administrators). 2. Weekly unit meetings. 3. Weekly total staff meetings.	MS-Teacher-developed criterion-referenced tests. KDG-G1-Teacher-developed criterion-referenced tests. G1-2-SAT. G3-Iowa Test of Basic Skills (ITBS); Metropolitan Reading Test. G1-3-County math test; Cloze Reading Test.
MI	ECS	Very similar. Basically the same curriculum is being used. It has been changed slightly to allow for more continuity from Head Start to KDG. Pre-PDC curriculum matched PDC Guideline objectives.	Not applicable.	Curriculum consists of behaviorally stated performance objectives in each area. The performance objectives are continuous from Head Start to fourth grade.	1. Weekly staff meetings. 2. Regular training sessions.	MS-Teacher Observation Checklists; locally developed test (colors, shapes, premath and prereading skills). Ele-Teacher-developed checklists and scales; ABC Inventory; Fountain Valley tests; Initial Consonant Test; Alphabet and Sound Recognition Test; Dolch Word Test; Bank St. Reading Test; SEDL Reading Readiness tests; Botel Reading Inventory; Haptic Perceptual Development Program tests; math test developed by school district.

Table 5
(Continued)

SITE	MODEL	SIMILARITY OF PDC & PRE-PDC CURRICULA	PROCEDURES FOR SELECTING/ ADOPTING THE PDC CURRICULUM	BASIC FEATURES OF THE PDC CURRICULUM	PROVISIONS FOR ONGOING DISCUSSION AND REFINEMENT OF THE PDC CURRICULUM	DIAGNOSTIC AND EVALUATIVE SYSTEMS
TX	ECS	Quite different. Teachers wrote curriculum goals-objectives so that curriculum is coordinated across grade level and within grade level across subject area. Team teaching and learning centers were also newly introduced by PDC.	PDC Council adopted the Individually Guided Education (IGE) model. Teacher committee in four areas developed specific goals and objectives.	IGE-Provides for team teaching, learning centers and individualization of instruction. Reading-Guszak Reading Diagnostic System. Math-Ginn Individualized Math System. Science/Social Studies-Wesley Series.	1.Program Improvement Committee (PDC staff, representative teachers, ECS principal, resource staff, 1 parent) meets weekly to discuss PDC program issues. 2.Weekly unit team planning mtgs. 3.Education Task Forces (each contains one teacher from each unit) revise the PDC curriculum annually. 4.Monthly across-unit teacher mtgs. 5.Individual and group mtgs. with outside curriculum consultants.	MS and Ele-Modifications of commercial checklists that are part of language arts and math curriculum; teacher-developed checklists.
WA	ECS	Very similar. School was in Follow Through using the Responsive Education model. Still being used in PDC.	Staff and parents chose to continue Responsive Education model.	Responsive Education (Far West Labs). Reading-Ginn 360; Alphatine Reading Program (KDG). Math-Holt, Rinehart & Winston. Affective Teaching-Madeline Hunter program. Science/Health-Scott Foresman. Multicultural Packets. Learning Centers.	1. Monthly grade level meetings. 2. Monthly across grade level meetings. 3. Curriculum committees on math, language arts, health education, multicultural. Committees composed of HS and Ele. school teachers, aides, parents, and support staff.	HS-HS Quick Screening Device; Santa Clara Screening Inventory. KDG-G1-TOBE. KDG-G3-How I Feel. G1-3-CTBS. G3-Botel Reading Inventory; tests that are part of commercial materials, e.g., Ginn; teacher-developed tests, checklists and teacher observations. G2-6-Short Form Test of Academic Aptitude.
WV	ECS	Different. PDC decided to develop their own curriculum and incorporated new concepts of multi-aged grouping, learning centers, and individualized instruction.	Education task force reviewed various curricula and decided to develop their own for 3 to 12 age range in all subject areas. Most of development is being done by elementary school teachers.	Teacher developed continuous curriculum called Personalized Learning Units for Students (PLUS). This serves as a guide for teachers in prescribing units at appropriate skill levels.	1. Monthly training sessions. 2. Staff meetings. 3. Education task force meeting (composition: HS teachers, administrators and resource staff, Ele. parents, teachers, administrators, aides, and resource staff). 4. Weekly observation by PDC staff member and meetings with teachers.	HS and Ele-Basic Skills Developmental Reference Checklist (developed by parents and teachers); teacher-developed tests; observations, records and learning center checklists; Botel Reading Inventory; Frostig Dev. Test; MAT; Denver Dev. Profile; Peabody Picture Vocabulary Test.

Education committees or task forces were the main means by which sites provided for ongoing curriculum discussion and refinement. Such a task force existed and met on a regular basis in most sites. The Texas and Iowa education task forces had the same aim as those in other sites, but met on a different schedule--they convened every spring for two or three months to review the entire curriculum and make the necessary revisions. Task forces were not the sole means of providing for curriculum discussion; others included weekly staff meetings and teacher and parent training sessions.

Although sites differed with respect to specific tests used, they all relied, for the most part, on a combination of commercially developed and teacher-developed tests for their diagnostic and evaluative system. The commercially developed tests were of two kinds--the criterion-referenced tests that accompany commercial textbook series and standardized achievement tests. At a number of sites, teacher observations were used as another way of evaluating children and their progress.

Staff Training in Education

Table 6 presents information on the kinds of curriculum or education-related training that PDC sites provided for their staffs and the extent of participation in that training. Training in individualized instruction, child growth and development, the teaching of developmentally appropriate basic skills, and the use of a diagnostic and evaluative system was required by the Guidelines. As Table 6 shows, all PDC sites conducted inservice training and six of the nine sites scheduled preservice training sessions for the 1976-77 school year. Although sessions were designed to serve both Head Start and elementary school staff, sites did not always draw teachers from both levels to their sessions.

A list of sample training session topics is included in the table to illustrate the variation among sites. Most sites did cover individualized instruction and basic skills teaching in their training. Other topics ranged from "teacher effectiveness" to "child abuse" to "bilingual bicultural education" and "the use of newspaper in the classroom." A variety of people served as training session presenters and included PDC coordinators, curriculum specialists, consultants from outside the school district, college professors, and representatives from police departments, newspapers, and textbook publishing companies.

Table 6

Staff Training in Education

Site	Model	Joint Head Start-Elementary?	Child Growth & Development	Use of Diagnostic & Evaluative System	Methods of Individualizing Instruction	Teaching developmentally appropriate basic skills	How to Work With Parents	Sensitizing staff to special needs of MC children	Sample Topics
CA	PSL	No[1]	HS ND ELE ND	HS ND ELE ND	HS ND ELE ND	HS ND ELE ND	HS ND ELE ND	HS ND ELE ND	Self-concept development, BL-BC education, elementary school goals.
CT	PSL	Yes	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	HS ◐ ELE ◐	Head Start screening devices, Puerto Rico unit, reading tutorial program, affective education curriculum, methods of working with the exceptional child, role of teacher in parent involvement, transition of a child from Head Start to Kindergarten.
FL	PSL	No[2]	HS ● ELE ---	HS ○ ELE ---	HS ○ ELE ---	HS ● ELE ---	HS ● ELE ---	HS ● ELE ○	How to diagnose hearing problems, integrating health education into the classroom, meeting the socioemotional, cognitive and physical needs of children.

[1] Although scheduled for all teachers, HS and elementary teachers rarely attend the same sessions.

[2] Although joint meetings are scheduled, rarely are teachers from both levels represented.

KEY:

● = Almost all or all (81-100%) attended at least one training session on this topic.

◐ = Most (51-80%) have attended at least one session on this topic.

○ = Some (21-50%) have attended at least one session on this topic.

----- = None or few (0-20%) have attended at least one session on this topic.

ND = No data.

NT = No training planned on this topic.

Table 6
(Continued)

Site	Model	Joint Head Start-Elementary?	Child Growth & Development	Use of Diagnostic & Evaluative System	Methods of Individualizing Instruction	Teaching developmentally appropriate basic skills	How to Work With Parents	Sensitizing staff to special needs of MC children	Sample Topics
IA	ECS	No[1]	HS NT ELE NT	HS --- ELE ◑	HS --- ELE ◑	HS --- ELE ◑	HS ● ELE ●	HS --- ELE ○	Child abuse, drug abuse, mental health, working with volunteers in the classroom.
MD	ECS	Yes	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	HS NT ELE NT	HS ● ELE ●	Math continuum testing, language arts instruction, multicultural curriculum, reading approaches, socioemotional needs of children.
MI	ECS	Yes	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	Newspaper in the classroom, instructional designs, science programs, children and TV, learning disabilities.

KEY:

● = Almost all or all (81-100%) attended at least one training session on this topic.

◑ = Most (51-80%) have attended at least one session on this topic.

○ = Some (21-50%) have attended at least one session on this topic.

----- = None or few (0-20%) have attended at least one session on this topic.

ND = No data.

NT = No training planned on this topic.

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[1] However only 1 session from September 1976 through February 1977 was attended by both HS and elementary teachers. HS teachers rarely attend.

Table 6
(Continued)

Site	Model	Joint Head Start-Elementary?	Child Growth & Development	Use of Diagnostic & Evaluative System	Methods of Individualizing Instruction	Teaching developmentally appropriate basic skills	How to Work With Parents	Sensitizing staff to special needs of MC children	Sample Topics
TX	ECS	YES	HS ---- ELE ---	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	Methods of individualizing instruction, special techniques for working with handicapped children, the teaching of developmentally appropriate basic skills.
WA	ECS	Yes	HS NT ELE NT	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	HS NT ELE NT	HS ● ELE ●	Reading and language, identifying handicapping conditions, interpretation of diagnostic information setting educational objectives, teacher effectiveness, multicultural materials, speech and language development.
WV	ECS	Yes	HS ○ ELE ●	HS ○ ELE ●	HS ○ ELE ●	HS ● ELE ●	HS ● ELE ●	HS ● ELE ●	Diagnostic systems, multicultural education, working with parents, socioemotional and cognitive needs of children.

KEY:

● = Almost all or all (81-100%) attended at least one training session on this topic.

◑ = Most (51-80%) have attended at least one session on this topic.

○ = Some (21-50%) have attended at least one session on this topic.

----- = None or few (0-20%) have attended at least one session on this topic.

ND = No data.

NT = No training planned on this topic.

Bilingual Bicultural and/or Multicultural Education

The PDC sites' programmatic approaches to language and cultural instruction took various forms. Table 7 illustrates a way of ordering specific approaches to language instruction based on the typology developed by Fishman (1976). Fishman's typology is a categorical system based on a specific definition of "bilingual education" and the kind of sociolinguistic development implied in a given program. In Fishman's view, bilingual education "implies some use of two (or more) languages of instruction in connection with teaching courses other than language *per se*."

Following Fishman, it is possible to distinguish between programmatic approaches stressing bilingual education and programmatic approaches stressing only second language learning. English-as-a-second language (ESL) approaches do not provide instruction in the student's mother tongue. Within bilingual education programs are variants that either maintain or do not maintain the student's mother tongue. Transitional bilingualism lacks the dimension of first language maintenance; the other three modes provide varying degrees of maintenance (biliterate bilingualism, full). The nature of language instruction found at each of the PDC sites is shown in Table 8.

A number of patterns are apparent from Table 8. First, in sites that were not bilingual demonstration sites, ESL approaches tended to dominate. Although by Fishman's definition such approaches could not be said to represent "bilingual education" they did appear to meet the basic requirements outlined in the PDC *Guidelines*. Transitional bilingualism was found mainly at PSL sites, and generally reflected philosophical and programmatic differences between the Head Start and elementary school programs. At these sites a commitment to some form of bilingualism was not uncommon at the Head Start level, but ESL approaches were the norm at the elementary school level. When taken together, then, the Head Start through third grade PDC program fit Fishman's definition for "transitional bilingualism."

Only the two bilingual demonstration projects could be considered representatives of what Fishman calls "biliterate bilingualism." Of the two, only the California site had "full" biliterate bilingualism, with widespread use of both languages for instruction across all subject areas and grade levels. In Texas, instruction in Spanish became increasingly confined to language arts as children progressed from preschool to third grade.

Table 7

Approaches to Language Instruction (from Fishman, 1976)

Programmatic Approaches to Second Language Learning	*ESL*. An approach concerned solely with providing limited English-speaking students with second language instruction in English. This approach does not provide for instruction in the student's mother tongue.
Programmatic Approaches to Bilingual Education	*Transitional Bilingualism*. The use of student's first language (i.e., Spanish) in early stages of schooling as language of instruction until dominance in language of instruction (i.e., English) is demonstrated.
	Monoliterate Bilingualism. Development of both languages (i.e., Spanish, English) is emphasized but literacy skills in the first language are not the focus. Stress is placed only on aural-oral skills.
	Biliterate Bilingualism, Partial. The objective is fluency and literacy in both languages, but with a restriction of first language literacy to certain subject areas.
	Biliterate Bilingualism, Full. Dual language development in all skills and areas is the aim.

Programmatic Approaches to Cultural Instruction

Teacher-based. Cultural instruction left primarily up to individual teachers or resource persons. The initiation of instruction is highly dependent on individual teachers or resource persons.
Center-based. Cultural instruction is highly institutionalized and responsibility is centrally located. The initiation of such instruction need not depend on individual teachers or resource persons. This approach allows for greater integration of cultural instruction into the overall school program.
Community-based. Cultural instruction becomes the responsibility of the community-at-large.

Table 8
PDC Approaches to Language and Cultural Instruction

	LANGUAGE INSTRUCTION	CULTURAL INSTRUCTION
AZ	TRANSITIONAL BILINGUALISM. Navajo is used at Head Start level of instruction. English is used at elementary level.	COMMUNITY-BASED. Cultural matters handled by Foster Grandparent Program. Traditional Hogans have been set up in two chapter areas adjacent to Head Start centers. At elementary level, a Foster Grandparent spends 20 hours/week coordinating cultural activities. Sample activities: craft demonstrations.
CA*	BILITERATE BILINGUALISM, FULL. There is use of both languages across subject areas and grade levels.	TEACHER-BASED. Knowledge dissemination and activities are initiated by teachers resource persons, or specialists. Sample activities: ethnic cooking, discussions, and celebration of holidays.
CT	TRANSITIONAL BILINGUALISM/ESL. At Head Start Spanish is used as language of instruction in some classes. At elementary level, students are taken out of classroom for English lessons. One school uses a "pairing model" (instruction conducted in English and the native language, as appropriate).	TEACHER-BASED. Knowledge dissemination and activities are initiated by teachers or resource persons. Sample activities: instructional units on Puerto Rico, square dancing.
FL	TRANSITIONAL BILINGUALISM/ESL.	TEACHER-BASED. Knowledge dissemination and activities are initiated by teachers or resource persons. Sample activities: children work with multicultural materials.
IA	ESL(LIMITED). English tutoring provided on limited basis for Vietnamese children.	TEACHER-BASED. Knowledge dissemination and activities are initiated by teachers or resource persons. Sample activities: Black History Week, Rhythm Choir.
MD	ESL (CALLED ESOL). English-for-Speakers of Other Languages provided for limited English-speaking children.	TEACHER-BASED. Knowledge dissemination or activities initiated by teachers or resource persons. Sample activities: food preparation projects; children work with multicultural materials.
MI	NONE. Since 1975, limited English-speaking children are no longer in PDC classes.	TEACHER-BASED. Activities initiated by teachers or resource persons. Sample activities: media kits, films, cooking, special theatrical productions.
TX*	BILITERATE BILINGUALISM, PARTIAL. Both languages used for instruction but with a heavier emphasis on Language Arts.	TEACHER-BASED. Knowledge dissemination or activities initiated by teachers or resource persons. Sample activities: field trips to local bakery, ranch and museums; celebration of cultural holidays; native food preparation.
WA	ESL. English-as-a-second language provided for limited English-speaking children outside regular classroom on the average of twice a week for one-half hour. Spanish class open to all students offered after school.	CENTER-BASED. Three multicultural demonstration classrooms set up to: a) integrate multicultural activities into regular programs and b) to reinforce classroom concepts through cultural arts. Sample activities: the use of multicultural packets in classrooms.
WV	NONE.	CENTER-BASED/TEACHER-BASED. Two multicultural centers set up as demonstration sites. Learning stations set up in classrooms. Multicultural coordinator works with groups of children twice a week and plans field trips and/or demonstrations once a week. Sample activities: Black speakers and musicians made presentations in the schools; year-end festival.

*Bilingual Demonstration Sites

At the bottom of Table 7 are definitions of three approaches to cultural instruction. In Table 8, these distinctions are used to characterize each PDC site's approach as either teacher-based, center-based or community-based. How an approach to cultural instruction is ultimately described depends largely on the type of mechanism institutionally established to deal with such instruction. In the teacher-based approach, a school can leave cultural instruction up to the individual teachers or resource persons. In a center-based approach, special cultural centers may be instituted in the school or Head Start center as "clearinghouses" for purposes of demonstrating, distributing and storing cultural knowledge. Alternatively, school staff may feel that cultural instruction should be the responsibility of the community, not the school.

Most sites relied either upon the initiatives of classroom teachers, or on special resource persons to provide cultural instruction within the regular classroom. Only in West Virginia and Washington were centers or demonstration classrooms set up for these purposes. Sites varied considerably in the importance placed on cultural instruction in their programs, however. For some, cultural instruction was seen as something of a "frill," on the order of field trips and Christmas parties. At others, it was an integral part of the total curriculum, and considerable time and effort were devoted to it. As we shall see in Chapter V, these differing emphases largely reflected the priorities and policies that existed in the schools prior to PDC.

Services for Handicapped Children

Integration of Handicapped Children

The main thrust of the PDC handicap component guidelines can be summed up in one word--mainstreaming. The PDC sites were required to recruit, identify, and serve all handicapped children in regular classrooms to the extent possible. Table 9 provides an overview of how sites met the Guidelines requirements and includes information on the number and percent of handicapped children, the extent of mainstreaming in PDC schools, the kinds of special services that were provided and assessment procedures used, and whether or not PDC effected a change in the way school systems dealt with handicapped children.

Table 9

Integration of Handicapped Children

SITE	MODEL	NO. AND PERCENT OF HANDICAPPED PDC STUDENTS				EXTENT OF MAINSTREAMING	SPECIAL SERVICES PROVIDED	ASSESSMENT PROCEDURES	DID PDC CHANGE EXISTING PROCEDURES FOR DELIVERING SERVICES TO HANDICAPPED CHILDREN?
		PHYSICAL & SENSORY	MENTAL & EMOTIONAL	SPEECH	MULTIPLE				
CA	PSL	HS- 1 (2%) Ele- 2 (1%)	HS- 1 (2%) Ele- 19 (8%)	HS- 1 (2%) Ele- 65 (26%)	HS- none Ele- none	Head Start-all children are based in regular classrooms. Elementary-all but six children are mainstreamed completely. These six are based in a self-contained classroom and are mainstreamed to the extent possible.	HS-speech-impaired children receive services from regional center; orthopedically handicapped children are taken to doctor. HS nurse also provides services. Ele-many children go to the speech therapy room; specialist in mental health works with identified student(s); Resource Specialists work with learning disabled individually in the classroom and help teachers plan programs for these children. School nurse and psychologist also provide services.	HS-developmental history taken along with physical screening; a speech therapist assesses speech. Ele-follows state master plan for identification and assessment of special education needs. The School Assessment Team (composed of the parent, principal, program specialist, and language, speech and hearing specialist) meets each spring to identify children needing extra help. The Educational Assessment Service is used if the SAT decides that a child needs help. The EAS decides if a child should be placed in a special classroom, subject to parental approval.	NO. State Department of Education's master plan for identification and assessment of special education needs was in effect prior to PDC.
CT	PSL	HS- none Ele- 27 (3%)	HS- 5 (10%) Ele- 135 (15%)	HS- 25 (45%) Ele- 149 (16%)	HS- 1 (2%) Ele- 11 (1%)	Head Start-all children are based in regular classrooms and are removed only for individual work as necessitated by their handicap. Elementary-same as above, although special classes are located in the elementary schools for those children whose disabilities prevent them from being mainstreamed within the regular classrooms.	HS and Ele-special services for children with speech and language problems and for learning disabled children are given by qualified professionals in a learning center. Also in HS, a special education intern works in the classroom with exceptional children. The frequency and duration of these sessions are determined by the child's needs.	HS-children screened during spring intake. Ele-all kindergarten children screened at entry, yearly conferencing of all children receiving special services. HS and Ele-Pupil Planning and Placement Team operates at both HS and Ele levels (composed of speech specialist, social worker, learning center teacher, school nurse, classroom teacher and HS Director or Ele principal). Teachers first make referrals to their administrator and then he/she convenes the PPPT which decides what action is best for the child.	IN PART. PDC was instrumental in instituting services for HS handicapped children by funding a special education intern during the first operational year. Mainstreaming has been a policy at the local school system for the last eight years.
FL	PSL	HS- none Ele- 19 (2%)	HS- 4 (9%) Ele- 121 (12%)	HS- 6 (13%) Ele- 84 (9%)	HS- none Ele- none	Head Start-children are placed in the regular classrooms. Elementary-handicapped children are served in the Exceptional Child Education (ECE) Center. Many of these children are mainstreamed into regular classrooms for one half of the day (profoundly mentally retarded and trainable mentally retarded children are not mainstreamed).	HS-A full-time HS handicap specialist and an outreach staff member make referrals to ECE center and community agencies for children needing special services not available in the Head Start program. Ele-all area handicapped children in west area of county attend the ECE center and receive special services.	HS-referral system with the Area Health coordinator scheduling the assessment. Ele-ECE center surveys continually for handicapped children in west area of county. Teachers also refer children for screenings. Children in the ECE center are assessed three times per year.	NO. ECE center was in operation before PDC and was meeting the needs of many handicapped children in the west area of the county. However, PDC staff have been instrumental in identifying and enrolling children in the centers, securing services and making referrals for special services.

Table 9
(Continued)

SITE	MODEL	NO. AND PERCENT OF HANDICAPPED PDC STUDENTS				EXTENT OF MAINSTREAMING	SPECIAL SERVICES PROVIDED	ASSESSMENT PRUCEDURES	DID PDC CHANGE EXISTING PROCEDURES FOR DELIVERING SERVICES TO HANDICAPPED CHILDREN?
		PHYSICAL & SENSORY	MENTAL & EMOTIONAL	SPEECH	MULTIPLE				
IA	ECS	HS- 2 (4%)	HS- 5 (9%)	HS- 1 (2%)	HS- none	Head Start-all children placed in regular classrooms.	HS-children spend time with specialists on a one-to-one basis for time needed (Head Start nurse, speech therapist, and personnel from an early childhood language development program).	HS-each child receives physical exam when he/she enters school. Teacher's evaluate children through home visits and classroom observations and make referrals when necessary.	NO. Learning disabled children were mainstreamed prior to PDC.
		Ele- none	Ele- 47 (14%)	Ele- 19 (6%)	Ele- none	Elementary-all children based in regular classrooms. Note. All physically handicapped HS and Ele school children attend a specially equipped school and children with severe handicaps and those in the learning center are not mainstreamed.	Ele-children served by Title I reading and math groups, Learning Disabled Resource Room teacher, Child Learning Center, and in one-to-one work with consultants.	Ele-through teacher assessment of children when they enter school (use of written and oral tests) and through teacher observation. The child study team meets 2 half days a week and does staffing on children. Parents are involved in this process.	
MD	ECS	HS- 1 (2%)	HS- none	HS- none	HS- none	Head Start and Elementary-all children are in regular classrooms. Severely handicapped children attend a special school which serves only handicapped children.	HS-physical education teacher works with students who have coordination problems.	HS-psychologist interviews all children and parents when they enroll child. Assessments also take place at the end of the year.	NO. State mandated early identification program screens all kindergarten and first grade children and all new second graders. This is a computerized system and teachers fill out an observation checklist and then get feedback on high risk kids. PDC funds made it possible for the school to hire a full-time nurse.
		Ele- 29 (6%)	Ele- 1 (0%)	Ele- 40 (9%)	Ele- 2 (0%)		Ele-specialists (reading teacher, language resource teacher, psychologist, speech clinician, D/P teacher, physical education teacher) provided needed services. The Educational Management Team (composed of diagnostic-prescriptive teacher, reading teacher, speech therapist, school psychologist, nurse, DSS coordinator, assistant principal and referring teacher) meets weekly to coordinate services for students identified as having special needs.	Ele-checklists used for early identification of special needs of children. So, all kindergarten, first and new second graders are automatically screened. Teachers make referral to EMT members who plan child's program. "High risk" students are further screened by EMT.	
MI	ECS	HS- 1 (1%)	HS- 3 (4%)	HS- 4 (5%)	HS- 2 (3%)	Head Start-all children based in regular classrooms.	HS-special services are provided by speech therapist and a preschool education teacher who works with learning disabled and handicapped children daily.	HS-speech therapist screens all children	NO. EPPC existed prior to PDC and as a result little additional work needed to be done in the area.
		Ele- none	Ele- 8 (3%)	Ele- none	Ele- 6 (2%)	Elementary-handicapped children spend varying amounts of their day with special resource teachers and the remainder in regular classrooms. Note. More severely handicapped students are sent to another school in district or placed in self-contained room at WHRC (emotionally impaired only).	Ele-children receive special services from the two school district psychologists, DSS coordinator, speech therapist, and three learning center teachers.	Ele-interdisciplinary team composed of school psychologist, nurse, principal, social worker, bilingual specialist and referring teacher makes the initial assessment. If handicap is severe and further testing is needed the case is referred to the school district's Education Placement and Planning Committee (EPPC). The EPPC is required by Michigan law to identify, certify, and place handicapped children.	

Table 9
(Continued)

SITE	MODEL	NO. AND PERCENT OF HANDICAPPED PDC STUDENTS				EXTENT OF MAINSTREAMING	SPECIAL SERVICES PROVIDED	ASSESSMENT PROCEDURES	DID PDC CHANGE EXISTING PROCEDURES FOR DELIVERING SERVICES TO HANDICAPPED CHILDREN?
		PHYSICAL & SENSORY	MENTAL & EMOTIONAL	SPEECH	MULTIPLE				
TX	ECS	Unit I 1 (1%) Unit II&III 12 (5%)	Unit I 1 (1%) Unit II&III 8 (4%)	Unit I 1 (1%) Unit II&III 11 (5%)	Unit I none Unit II&III 1 (1%)	Head Start and Elementary-all but the deaf children are based in regular classrooms. Depending on the handicap, children spend 40-60% of their time in regular classes.	HS and Ele-deaf education children go to deaf education school but spend part of day in regular classes. Special services to other handicapped children are provided by the AID specialist, speech therapist and diagnostician.	HS and Ele-teachers make referrals to diagnostician or special education teacher. Admission Review and Dismissal (ARD) committee (classroom teacher, diagnostician, AID-specialist, principal, parent, possibly psychologist or counselor) plans child's educational program and decides how classroom teacher will work with child.	NO. State mandated Texas Plan A program was in effect prior to PDC. This plan requests surveying every child in public school system for special educational needs and then developing individualized educational programs to meet each child's needs.
WA	ECS	HS- no info. Ele- 30 (9%)	HS- no info. Ele- 22 (7%)	HS- no info. Ele- none	HS- no info. Ele- none	Head Start-no information. Elementary-less severely handicapped children are based in regular classrooms and spend varying amounts of their day in resource rooms. Severely handicapped children are placed in self-contained rooms and share only physical education, lunch and music with non-handicapped students.	HS and Ele-handicapped children receive the appropriate services from a member of the Academic Team. This team consists of three teachers of handicapped children (who are in self-contained classrooms), two special reading teachers and a resource teacher (for basic skills). Children with special needs also met with members of the Pupil Personnel Team as needed. Community resources utilized are: a city learning center, a local children's health center, and a local diagnostic center.	HS and Ele-teachers refer a child to Pupil Personnel Team (PPT) which decides on child's program after appropriate testing and observation. PPT consists of school social worker, counselor, psychologist, school nurse, speech therapists, teachers and parents.	YES. PDC has brought about a change in teachers' perception of the handicapped child and their ability to deal with them and also a change in the school policies of assigning handicapped children to classes. Load-Deload Program, initiated by the PPT and academic team, puts handicapped children in regular classrooms and out of special self-contained classes whenever possible.
WV	ECS	HS- 4 (10%) Ele- 6 (3%)	HS- none Ele- 24 (11%)	HS- 5 (12%) Ele- 21 (9%)	HS- 1 (2%) Ele- 1 (0%)	Head Start and Elementary-all children are based in regular classrooms and are taken out for short periods during the day to work as needed with specialists.	HS-depending on the need children receive special services from the psychomotor specialist, speech therapists, the Head Start Handicapped coordinator, and university students who work as tutors. Ele-children receive special services in the resource room from speech therapist, physical education teacher, reading specialist and the learning disabilities teacher.	HS and Ele-teacher refers a child to special education resource specialist after completing part of a checklist. Specialist then meets with teacher to discuss the child, reviews child's past records, and observes child. If necessary the child is tested (with parent permission) and a special plan is worked out. This plan is updated weekly.	YES. PDC has given special emphasis to this component and has been instrumental in mainstreaming the handicapped students.

On the whole, few differences were apparent among the sites. The percentage of handicapped children (by handicap type) varied across sites but the range was usually no larger than ten to fifteen percentage points. Handicapped children in all of the sites were based in regular classrooms and received special services (either in or outside the regular classroom) from the multitude of professional staff the Head Start and elementary programs had available. It should be noted though, with respect to basing handicapped children in regular classrooms, that a number of school districts had special schools for severely handicapped children or had self-contained classrooms for such children within the PDC school.

As the table shows, in seven of the nine sites, a special resource team composed of specialists and, in many cases, the referring teacher, principal, and the child's parent, was charged with assessing referred children and developing appropriate plans. Usually the teacher referred the child to a specialist or administrator who convened the special team.

In the majority of sites, the school district and the Head Start programs were already committed to serving the handicapped child. (Head Start has the requirement that 10% of its students be handicapped and many states have statutes that require school districts to identify, assess, and meet the needs of all handicapped students in the state.) However, PDC clearly effected a change in the number of children mainstreamed in West Virginia and Washington. (Table 9, however, only reflects the change in program commitment to the concept of mainstreaming, since prior data on the actual numbers mainstreamed were not available.)

Training Activities

Table 10 presents information on the type of training sites provided for teachers and parents in the handicap area. As shown in the table, some sites provided such training while others did not; five of the sites provided joint training for their staffs while two sites did not provide any teacher training in this area. The percentage of teachers involved in training varied across the six sites, although the content was for the most part similar. The areas covered--background information on handicapping conditions, techniques helpful in working with handicapped children, and use of special materials--were those specified in the Guidelines. When formal training was not provided, parents received support from teachers and specialists in how to work with their handicapped child.

Table 10

Training in the Handicap Component

Site	Model	Training for Teachers				Training for Parents of Handicapped Children		
		Joint HS-Ele?	% trained		Sample Topics	% trained and/or given support		Sample Topics/Activities
			HS	Ele		HS	Ele	
CA	PSL	No	50	50	1). Background information on handicapping conditions. 2). Techniques helpful in working with handicapped children.	100	20	No formal training has been provided. Support is given on an individual basis by resource staff and teachers; referrals to specific community agencies are made: the Parent, Health, and Support Services Directory was given to all parents.
CT	PSL	Yes	60	45	1). Background information on handicapping conditions. 2). Special techniques on working with handicapped children. 3). Use of special materials. 4). Services for handicapped children. 5). Legislation concerning handicapped children.	15	30	Training has been conducted by social workers. Parent discussion groups led by school social workers. Training and parent discussion groups have been organized by the school social worker.
FL	PSL	Yes[1]	ND	75	1). Background information on handicapping conditions. 2). Special techniques helpful in working with handicapped children. 3). Use of special materials.	ND	25	Workshop on the deaf. Support is given during home visits that inform families of services available. Referrals are made after the home visit.
IA	ECS	--	0	0	No formal training to date. However specialists do provide informal training to teachers especially through case conferences.	ND	ND	Informal training has been provided by the Title I specialist and other resource staff.
MD	ECS	--	0	0	No training held in this area to date.	100	ND	Monthly workshops. PDC program refers parents to the various community support services agencies; meeting of Title I parents.

[1] But only a small percentage of teachers have participated.

ND = No data.

Table 10
(Continued)

Site	Model	Training for Teachers				Training for Parents of Handicapped Children		
		Joint HS-Ele?	% trained		Sample Topics	% trained and/or given support		Sample Topics/Activities
			HS	Ele		HS	Ele	
MI	ECS	Yes	100	45	1). Parent Involvement and Handicapped training. 2). The Educational and Legal Rights of Handicapped Children. 3). Learning Disabilities and How to Work with Handicapped Children.	30	25	Workshop given on how parents can help their child at home and in school, the role of other family members toward child, and the types of handicapping conditions.
TX	ECS	Yes	100	100	1). Background information on handicapping levels. 2). Special techniques in working with handicapped children. 3). Use of special materials.	100	100	Special training and support provided for parents of deaf educated students in conjunction with the special deaf education program associated with the ECS school.
WA	ECS	--	ND	ND	Joint staff sessions have been held on: (1) the process of load-deload, (2) mainstreaming and load-deload (3) attitudinal changes and meeting needs, and (4) the educational and legal rights of handicapped children (from 1974-76).	ND	ND	Some parents were involved in the training sessions on (1) the process of load-deload and (2) attitudinal changes and meeting the needs of handicapped children.
WV	ECS	Yes	100	100	1). Information on various handicapping conditions. 2). Special techniques to use with handicapped children. 3). Use of special materials. 4). Awareness meeting. 5). Tests used with handicapped and how teachers can use the information/results. Also the PDC handicapped services coordinator has worked with elementary teachers on an individual informal basis.	ND	ND	Formal training along with support has been provided for parents of handicapped children at both levels: 1). Nutritional workshops. 2). Conferences with health professions. 3). Meetings between parents, teachers, and professionals. 4). Parent coffees. 5). Support from county agencies. 6). Dissemination of information. 7). Training in the socio-emotional needs of handicapped children.

Six sites provided both formal training for parents and support for them via parent discussion groups, home visits, and parent-teacher conferences. The percentage of parents of handicapped children who received such training or support varied across the sites from 15% to 100%.

Parent Involvement

Table 11 summarizes data gathered on parent involvement in classrooms and on training and non-training activities that were held for parents at each site. The information reveals a number of patterns of implementation among the sites and across the six component areas.

First, parent involvement in decisions about the various PDC components appears to have been higher at the elementary than at the Head Start level. These patterns, however, refer only to involvement by parents in PDC decisions, and not to involvement in decisions affecting the rest of the Head Start center or school. Our information suggests that Head Start parents are in fact heavily involved in decision-making at most Head Start centers. The fact that they were less involved in PDC decision-making could be because, (a) many of the changes demanded by PDC (and consequently many decisions) had to occur in the elementary rather than Head Start programs, (b) Head Start parents were already quite involved on other non-PDC decision-making committees and boards at the Head Start level, and (c) elementary school parents generally outnumbered Head Start parents on the PDC councils because representation was usually determined by grade levels. We have no systematic data on how many of the elementary school parents on PDC councils may have come to the elementary program after being active at their child's Head Start center.

When the degree of parent involvement in program decisions is compared across components, it appears that PDC programs placed much more emphasis on having parents involved in training and in parent involvement decisions than in any other component. At the elementary level, education and parent involvement were the areas in which the most sites had parents involved in "moderate" to "major" degrees. At both levels, parent involvement activities were clearly the domain in which parents were likely to be encouraged to participate in program decision-making (six sites had "major" Head Start involvement,

Table 11

Parent Involvement in PDC

Site	Model	Parents on PDC Council		Parent involvement in decisions about component activities[1]						Parents observing or volunteering in classroom		Training for Parents			Non-Training Activities for Parents		Comments
		HS	El.	Ed.	H./N.	Hand.	P.I.	S.S.S.	Train.	HS	Ele	% attending Once*	% attending Most	Sample Topics	% attending at least 1 activity	Sample Activities	
CA	PSL	2	5	HS ● Ele ◑	HS ◑ Ele ◑	HS ◑ Ele ◑	HS ● Ele ●	HS ● Ele ●	HS ◑ Ele ◑	70%	35%	HS 95 Ele 40	HS 25 Ele 15	Health & Safety workshop, multicultural workshops, curriculum labs, film on bilingual education, workshop on nutrition; child development, classroom volunteer training, community resources workshop	HS ND Ele ND	Luncheons, bake sale, orientation for parents	
CT	PSL	2	9	HS ○ Ele ●	HS ◑ Ele ●	HS ○ Ele ●	HS ◑ Ele ●	HS ◑ Ele ●	HS ◑ Ele ●	80%	50%	HS 16 Ele 15	HS 1 Ele 1	Enrichment classes, STEP, PIP and PET training, career education, classroom volunteer training, leadership skills workshops, training in reading tutorial program	HS 85 Ele 80	Potlucks, open houses, game nights, luncheons, bookfairs	
FL	PSL	2	3	HS ◑ Ele ◑	HS ○ Ele ○	HS -- Ele --	HS ● Ele ◑	HS -- Ele --	HS ● Ele ●	ND	<5%	HS 40 Ele 40	HS 4 Ele 1	Training for participation in the HS and elementary school classrooms, preventive health, drug abuse, child growth and development.	HS 10 Ele 10	Open house, potluck, sewing workshop	PDC operates within a migrant HS program, so many of the families move from May to Oct. Thus, since most parents are working and move in & out of the area parent involvement in PDC has been difficult.

[1] Judgments made by PDC staff applying definitions supplied in the key.

ND = No data.

Key:

● = Major Role. Parents had concentrated and frequent involvement in decisions. Activities reflect input of parents.

◑ = Moderate Role. Parents had some involvement in decisions. Activities reflect only some impact.

○ = Minor Role. Parent participation in decisions was infrequent and minimal. Activities reflect almost no input from parents.

---- = No Role.

Table 11
(Continued)

Site	Model	Parents on PDC Council		Parent Involvement in decisions about component activities[1]						Parents observing or volunteering in classroom		Training for Parents			Non-Training Activities for Parents		Comments
		HS	Ele	Ed.	BL/HC	Hand.	P.I.	D.S.S.	Train.	HS	Ele	% attending Once+	% attending Most	Sample Topics	% attending at least 1 activity	Sample Activities	
IA	ECS	2	8	HS -- Ele ●	HS -- Ele ●	HS ● Ele ●	HS ● Ele ●	HS ● Ele ●	HS -- Ele --	100%	30%	HS 25 Ele 3	HS 4 Ele 3	Toy safety workshop, child abuse workshop, Do-it-Day workshop, parent volunteer training, training for parents in how to work with teaching & administrative staff, multi-cultural workshop	HS 85 Ele 85	Potluck, school picnic, Thanksgiving feast at school, Parent Club	
MD	ECS	1	5	HS ○ Ele ◐	HS -- Ele ○	HS -- Ele ●	HS -- Ele ●	HS -- Ele ◐	HS -- Ele --	45%	10%	HS 12 Ele 40	HS 2 Ele 8	Multicultural workshop, activities for children at home, training for classroom volunteering and testing, training in how to work on committees, developing inter-personal skills	HS 25 Ele 60	Potlucks, monthly luncheons, crafts workshops, meetings with principal to discuss goals and strategies	The Head Start parent representative also represents elementary parents.
MI	ECS	8	15	HS ● Ele ◐	HS -- Ele --	HS ○ Ele ○	HS ● Ele ●	HS ○ Ele ○	HS ◐ Ele ◐	ND	65%	HS 30 Ele 50	HS 2 Ele 11	Make-it-Take-it workshop, regular PDC training sessions, nutrition workshops, classroom volunteers training, workshop on children and TV, handicapped training	HS 50 Ele 50	Weekly bowling, child/parent/teacher luncheon, food coop, skating trip	The PDC program has been instrumental in getting more parents into the school. The parent-run Bucket Brigade program trains parent volunteers to tutor individual children outside the classroom.

[1] Judgments made by PDC staff applying definitions supplied in the key.

ND = No data.

Key:

● = Major Role. Parents had concentrated and frequent involvement in decisions. Activities reflect input of parents.

◐ = Moderate Role. Parents had some involvement in decisions. Activities reflect only some impact.

○ = Minor Role. Parent participation in decisions was infrequent and minimal. Activities reflect almost no input from parents.

---- = No Role.

Table 11
(Continued)

Site	Model	Parents on PDC Council		Parent involvement in decisions about component activities[1]						Parents observing or volunteering in classroom		Training for Parents			Non-Training Activities for Parents		Comments
		HS	Ele	Ed.	BL/MC	Hand.	P.I.	D.S.S.	Train.	HS	Ele	% attending Once+	% attending Most	Sample Topics	% attending at least 1 activity	Sample Activities	
TX	ECS	2	4	HS ○ Ele ○	HS ◐ Ele ◐	HS ◐ Ele ◐	HS ● Ele ●	HS ○ Ele ○	HS ● Fle ●	Unit I 44% Unit II & III 67%		Unit I 75 Unit II&III 22	22 16	Child abuse workshop, how to read to children at home, use of audio-visual equipment/materials, home activities for learning, school health program, guidance-discipline for the young child	Unit I 22% Unit I&III 16%	Potluck dinners, school plays, social events.	Dramatic changes in involvement from that prior to PDC. Parents still play a small role in decisions outside the PI component, however.
WA	ECS	1	4	HS ◐ Ele ◐	HS ● Ele ●	HS ◐ Ele ◐	HS ● Ele ●	HS ● Ele ●	HS ● Ele ●	25%	25%	HS 10 Ele 10	HS 3 Ele 3	Parent and student orientation workshops in communication with children, leadership roles and responsibilities, and child development, nutrition workshop, positive self-attitudes workshop, workshop on developing teaching games and using them in the classroom.	HS 90 Ele 90	Christmas crafts, toy making workshop, Christmas tea, multi-cultural luncheon, Volunteer Appreciation day, Spring festival.	Because the PDC school was in Follow Through parents were already involved in school activities. Parent involvement was increased, however, along with their decision-making role.
WV	ECS	4	6	HS -- Ele ●	HS -- Ele ◐	HS -- Ele ◐	HS -- Ele ◐	HS -- Ele ◐	HS -- Ele ◐	60%	35%	HS 5 Ele 8	HS ND Ele ND	Workshops in effective parenting, nutrition, temper tantrums, safe toys, decision-making, socio-emotional needs of children and parents, health education, child development	HS 10 Ele 20	Get-acquainted coffee, cake decorating, Christmas decorations	

[1] Judgments made by PDC staff applying definitions supplied in the key.

ND = No data.

Key:

● = Major Role. Parents had concentrated and frequent involvement in decisions. Activities reflect input of parents.

◐ = Moderate Role. Parents had some involvement in decisions. Activities reflect only some impact.

○ = Minor Role. Parent participation in decisions was infrequent and minimal. Activities reflect almost no input from parents.

---- = No Role.

and seven sites showed "major" elementary school parent involvement). There were seven sites at which the role of parents in the parent involvement component was "moderate" or "major" at both the Head Start and elementary school levels. Except for the training component (for which six sites had "moderate" or "major" involvement at both levels), there was no other component where more than four sites were able to establish this high degree of involvement among both Head Start and elementary school parents.

Another phenomenon observed by examining levels of involvement within sites is the variability that sometimes existed across components. At four sites there was considerable variability (e.g., in Michigan, involvement ranged from "none" for the bilingual multicultural area to "major" for parent involvement); at other sites there was high consistency (e.g., in Connecticut involvement in all components at the elementary level was rated "major," and in West Virginia, elementary level involvement was "moderate" in five out of six components).

When parents' roles as classroom volunteers were examined, there was a general trend for greater involvement on the part of Head Start parents. The same trend is apparent for parent attendance at training sessions.

From the available information, it is not possible to detect any clear relationship between involvement in training and classroom activities, and involvement in decisions about component activities. Whereas one might expect parent involvement in decisions about the education component to encourage greater classroom volunteering, there is no strong evidence that this happened, and there were even sites where the opposite relationship was found (e.g., West Virginia).

The PDC Guidelines specified a number of areas in which training should be provided for parents. The middle column of Table 11 lists typical training topics that were dealt with at each site. Five topics were presented at the majority of the sites: working with children at home (seven sites); health, safety and nutrition (all nine sites); classroom volunteering (all nine sites); self-improvement and leadership skills (six sites); and making things at home (seven sites).

The list of non-training activities for parents shows two activities to have been particularly popular. All sites had luncheons or potluck dinners, and about half the sites held various holiday celebrations that provided occasions for parent participation.

Developmental Support Services

The developmental support services (DSS) guidelines stressed the provision of services to children in Head Start and elementary school and the coordination of such services between the two programs. As illustrated in Table 12, there was little variation across sites in this component category. Most sites provided screening for all Head Start and elementary students in the following areas: medical, dental, mental health, social, nutritional, speech, and immunization. All sites provided follow-up on the screenings so that children who need services receive them.[1] The responsibility for coordinating the services that children receive rested with the DSS coordinator in seven of the nine sites. In Washington, the Pupil Personnel Team coordinated the services, while in Iowa the elementary school nurse and Head Start DSS and PI coordinators were responsible for the implementation of the component.

The mechanisms for keeping DSS records were similar across the sites--in six of the nine sites, separate "school" records were kept. Usually the Head Start nurse kept records for the Head Start children while the elementary school nurse (or office) kept records of the elementary school children. At least six of the nine sites, however, used the same health/support services form at both program levels. Except for three sites which kept their forms for both levels together, each Head Start program transferred its records to the elementary school.

Although the amount of training for teachers in this area varied across sites, all PDC programs provided it. In many cases, informal contact between the school nurse or DSS coordinator and teachers supplemented formal training.

Patterns of Implementation: Some Conclusions

Overall, our analysis suggests that, beyond some fundamental similarities between programs that one might expect given the Guidelines, each site did in fact create a PDC program

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[1] The figures could not be computed for Connecticut because it was not clear whether the numbers provided pertained to PDC children or to all children in the elementary schools.

Table 12

Developmental Support Services

SITE	MODEL	Children Screened and Receiving Needed Services[a]														HS-ELE. COORDINATION	RECORD-KEEPING	TRAINING
		MEDICAL		DENTAL		MH		SOCIAL		NUTRI.		SPEECH		IMMUN.				
		% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.			
CA	PSL	HS- 40-93 Ele- 36-98	HS- 100 Ele- 75	HS- 93 Ele- 98	HS- 100 Ele- 40	HS- 100 Ele- b	HS- 100 Ele- 100	HS- 100 Ele- c	HS- 90 Ele- 90	HS- 100 Ele- 100	HS- 100 Ele- 100	HS- 40 Ele- 73	HS- 100 Ele- 50	HS- 93 Ele- 98	HS- 100 Ele- 70	The DSS coordinator (a registered nurse) is responsible for the implementation of this component. She works closely with the Head Start nurse, elementary school nurse, and nutritionist in coordinating the services provided.	Records are kept separately by HS and Ele. nurses. When HS child goes to the elementary school, a transfer sheet with his health and immunization records is completed by HS nurse, signed by the parent and transferred to Ele. school. Before KDG each child must receive a physical exam.	HS-Workshops involving health activities in the classroom; nurse occasionally gives teachers information on health matters. Ele-No formal training but materials available (e.g., movies, charts, coloring books, etc.) are given to teachers when they are ready to do a particular session. DSS coordinator gives individual teachers information on integrating health and nutrition education into the classroom.
CT	PSL	HS- ND Ele- ND	HS- 100 Ele- 90	HS- ND Ele- ND	HS- 100 Ele- ND	HS- ND Ele- ND	HS- 100 Ele- 95	HS- ND Ele- ND	HS- 100 Ele- 100	HS- ND Ele- ND	HS- 100 Ele- 70	HS- ND Ele- ND	HS- 100 Ele- 100	HS- ND Ele- ND	HS- 100 Ele- 100	The DSS coordinator is responsible for coordinating this component and works closely with the support staff that serves the HS and Ele. school children.	Cumulative records kept in nurse's office at each PDC school. Same form is used for both HS and Ele. and is transferred from HS to Ele. school at the end of each year. Record-keeping is coordinated through school health coordinator and nurses are responsible for the record-keeping in the medical and dental areas. Social workers keep separate records on families including information on agency referrals.	HS-DSS coordinator speaks at the faculty's mini-topic discussions on techniques for integrating these activities into the daily curriculum. HS and Ele-DSS coordinator distributes materials to teachers at both levels. Workshop on kinds of school/community social services available.
FL	PSL	HS- 100 Ele- 0-30	HS- 90 Ele- 50	HS- 56 Ele- 02	HS- 30 Ele- 50	HS- 100 Ele- 50	HS- 90 Ele- 50	HS- 100 Ele- 50	HS- 30 Ele- 50	HS- 100 Ele- 100	HS- 90 Ele- 50	HS- 100 Ele- 09	HS- 90 Ele- 50	HS- 100 Ele- 02	HS- 30 Ele- 50	DSS coordinator and 2 outreach aides have primary responsibility for implemenring and coordinating all support services. Assisted by PDC coordinator, HS health coordinator, and elementary school nurse.	Family Information Form is used as the support services record-keeping system. Identified needs and referral information are recorded on a Child and Family Record. Health records are kept at HS by HS health coordinator and by school nurse at Ele. level. HS records are transferred each year to the Ele. school.	HS and Ele-Workshop on integrating education into classroom activities.

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[a] "Receiving needed services" refers to the percentage of those children who were identified as needing services that actually received them.

[b] 100% (kindergarten only).

[c] All kindergarten children are screened, plus others noted by teacher.

Table 12
(Continued)

SITE	MODEL	Children Screened and Receiving Needed Services[a]														HS-ELE. COORDINATION	RECORD-KEEPING	TRAINING
		MEDICAL		DENTAL		MH		SOCIAL		NUTRI.		SPEECH		IMMUN.				
		% Scr.	% Ser.	% Scr	% Scr.	% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.			
IA	ECS	HS- 88-100 Ele- 47-100	HS- 100 Ele- 100	HS- 86 Ele- [illegible]	HS- 100 Ele- 100	HS- 0 Ele- 23	HS- 100 Ele- 100	HS- 100 Ele- 100	HS- ND Ele- ND	HS- 100 Ele- 100	HS- 100 Ele- 100	HS- 84 Ele- 100	HS- 100 Ele- 100	HS- 91 Ele- 100	HS- 100 Ele- 100	The Head Start social service and parent involvement coordinators are responsible for the implementation of support services at the HS level whereas the school nurse is responsible at the Ele. school level. However, the HS DSS coordinator does not report directly to the PDC coordinator.	Both the HS and Ele. school use the district School Health Record and other support services records. The HS and Ele. nurses are responsible for these records which are compiled by HS or school nurse, hearing clinician, dental clinician, speech therapist and private physician. HS records are forwarded to Ele. school at end of each year. Home-school liaison worker keeps the social service records.	HS and Ele-Preservice training covered dental hygiene. Films of safety, sanitation, nutrition, etc. shown in class with followup talk by nurse. Also, both HS and Ele. parents and teachers have received training in preventive health, emergency first aid, and safety; the relationship of nutrition to a child's growth and development; and ways of integrating health education into the classroom.
MD	ECS	HS- 100 Ele- 88-100	HS- 100 Ele- 100	HS- 100 Ele- 99	HS- 100 Ele- 100	HS- 100 Ele- b	HS- 100 Ele- 100	HS- 100 Ele- 100	HS- 100 Ele- 100	HS- 100 Ele- 50	HS- 100 Ele- 100	HS- 100 Ele- 31	HS- 100 Ele- 100	HS- 100 Ele- 100	HS- 100 Ele- 100	The DSS coordinator, a social worker, and a school nurse coordinate the support services children receive. The social worker coordinates nutrition and social services while the nurse and health room aide coordinate the health and dental services. Both report to the DSS coordinator.	Records kept at both levels for each child in areas of medical, dental and social services. Health records are not kept in child's folder but maintained separately. Nurses at each level are responsible for the medical and dental records. Social service information is included in each child's master file. Records are transferred from HS to Ele.	HS and Ele-Dental hygienist and nutritionist come into classrooms. Nurse works with individual teachers. Weekly staff meetings utilized to train teachers on methods of integrating health education into ongoing classroom activities. Representatives from Dairy Council, County School Lunch Program, and the Cooperative Extension Agency have met with the teaching staff.
MI	ECS	HS- 100 Ele- c	HS- 100 Ele- 100	HS- 100 Ele- [illegible]	HS- 100 Ele- 100	HS- 10 Ele- 20	HS- 100 Ele- 100	HS- 50 Ele- 75	HS- 100 Ele- 100	HS- 100 Ele- 100	HS- 100 Ele- 100	HS- 100 Ele- 46	HS- 100 Ele- 100	HS- 100 Ele- 46	HS- 100 Ele- 100	DSS coordinator is responsible for coordinating this component and works closely with HS social service coordinator.	At HS, records of child's medical, dental and support services kept in HS office. Ele. uses standard school district form which is kept in principals' office. DSS coordinator maintains a separate file on each child at both levels and his/her family and notes assistance needed and services rendered. Records are transferred from HS to Ele.	HS and Ele-Training has been conducted in areas of preventive medical, nutrition, and safety. Agencies such as the fire department, Cooperative Extension Services, and social service staff have conducted training sessions.

[a] "Receiving needed services" refers to the percentage of those children who were identified as needing services that actually received them.

[b] 100% (kindergarten only).

[c] All kindergarten children are screened, plus others noted by teacher.

Table 12
(Continued)

SITE	MODEL	Children Screened and Receiving Needed Services[a]														HS-ELE. COORDINATION	RECORD-KEEPING	TRAINING
		MEDICAL		DENTAL		MH		SOCIAL		NUTRI.		SPEECH		IMMUN.				
		% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.	% Scr.	% Ser.			
TX	ECS	Unit 1 100	Unit 1 20	Unit 1 100	Unit 1 90	Unit 1 100	Unit 1 100	Unit 1 100	Unit 1 100	Unit 1 100	Unit 1 100	Unit 1 100	Unit 1 100	Unit 1 100	Unit 1 100	The DSS coordinator (who is also the school nurse) and the parent involvement coordinator share the responsibility for this component.	The same system is used at both HS and Ele. levels and consists of the following forms (maintained by the school nurse): 1. Health records, e.g., past history and list of screenings; 2. Class records, e.g., medical test results and immunizations; 3. PDC monthly screenings--contains monthly records of screenings performed; 4. Daily diary--list of nurse's home visits and parent conferences; 5. Rosters--contain a daily account of all screenings.	HS and Ele-Various workshops dealing with the relationship of nutrition to the child's growth, development and learning potential have been held. The nutritionist has provided teachers with instructional materials and trained them to integrate the materials into the curriculum. Also, the nurse has provided informal training on a one-to-one basis.
		Unit 2&3 21-100	Unit 2&3 20	Unit 2&3 100	Unit 2&3 90	Unit 2&3 100	Unit 2&3 100	Unit 2&3 100	Unit 2&3 100	Unit 2&3 100	Unit 2&3 100	Unit 2&3 55	Unit 2&3 100	Unit 2&3 100	Unit 2&3 100			
WA	ECS	HS- 63-100	HS- 100	HS- 100	HS- 100	HS- 100	HS- 100	HS- 100	HS- 100	HS- 100	HS- ND	HS- 25	HS- 100	HS- 100	HS- 100	The Pupil Personnel Team is responsible for coordinating the support services for the school. They work with both the HS and Ele. school children and keep other team members informed of which support services are being offered to whom.	School nurse is responsible for health and dental record-keeping. A health card is kept for each child from HS through third grade. Other records are kept by each specialist who works with a particular child, e.g., speech therapist, school counselor, etc., these records are shared by members of the staffing teams when children are being assessed.	HS and Ele-No training has been conducted for teachers on how to integrate health education activities into the classroom. A first aid course is being provided for HS and Ele. teachers and parents by the school nurse and nurse's assistant, and is given either in individual classrooms or by grade level.
		Ele- 60-100	Ele- ND	Ele- 100	Ele- ND	Ele- 100	Ele- 100	Ele- 100	Ele- 100	Ele- 100	Ele- ND	Ele- 90-95	Ele- 33	Ele- 100	Ele- ND			
WV	ECS	HS- 100	HS- ND	HS- 100	HS- ND	HS- 100	HS- ND	HS- ND	HS- ND	HS- 100	HS- ND	HS- 100	HS- ND	HS- 100	HS- ND	The DSS coordinator is responsible for coordinating the support services component with the HS nurse and PDC social service/parent involvement assistant.	The same record-keeping system is used at both HS and Ele. school level and includes the following information: 1. Health records; 2. Referrals and treatments; 3. Parent referral information; 4. Daily phone and activity sheets; 5. Log book; 6. Appointment book.	HS and Ele-DSS coordinator works directly with teachers in integrating health education into classroom activities. She has conducted several workshops which stressed the physical and nutritional needs of children and how nutrition relates to a child's growth and development. Parents and teachers also participated in a first aid course held once a week for 5 weeks.
		Ele- 0-100	Ele- ND	Ele- 98	Ele- ND	Ele- 100	Ele- ND	Ele- 100	Ele- ND	Ele- 90-95	Ele- ND	Ele- 90	Ele- ND	Ele- 100	Ele- ND			

[a] "Receiving needed services" refers to the percentage of those children who were identified as needing services that actually received them.

adapted to the needs and conditions of its local educational environment. Specifically, the analysis suggested the conclusions that are listed below. In Chapter V some of the factors, events and decisions at sites that created these patterns are explored.

Administration Component

- Although each site had a functioning PDC Council, there was considerable variety in the frequency with which the councils met and the nature of their role in PDC. Councils generally met monthly and their role was chiefly advisory. Some sites, though, had councils that were either formally empowered to make policy decisions for the program, or were so influential as to give their "advice" the weight of a decision.

- Most components at most sites were assigned to specific individuals, but ECS sites more often had the same individual assigned responsibility for both the Head Start and elementary school implementation activities in a given component area.

- PDC coordinators at some sites were responsible for implementation activities in as many as three component areas; at others he or she was solely responsible only for activities within the administration component.

Education Component

- Although decisions regarding the nature of the PDC curriculum were made by committees at each site, there were large differences in the decisions made. Five sites elected to retain the pre-PDC curriculum, two purchased and adopted new curricula from commercial developers, and two decided to develop their own curriculum. Although each site's curriculum appeared to satisfy the basic PDC requirements for curricula, their techniques and philosophies were often quite different.

Bilingual Bicultural and/or Multicultural Component

- All but two sites provided some form of second language instruction in accordance with the Guidelines, but there were differences in the approaches taken to that instruction. Most sites' approaches could be characterized as either "English as a Second Language" or "Transitional Bilingualism"; only the two bilingual demonstration projects employed approaches that could be considered "Biliterate Bilingualism," and only one of these employed this approach fully across all grade levels.

- Most sites provided some form of cultural instruction for children but again varied in the approach taken. Several sites relied on teacher-initiated activities; others employed specially trained resource teachers. Only two sites had cultural instruction fully integrated into the total curriculum.

Handicapped Services Component

- Mainstreaming was widely present at all sites, although some retained special classrooms for the "severely handicapped." The nature of the services provided to handicapped and learning disabled children generally reflected pre-existing mandates and programs rather than the efforts of PDC exclusively.

- Sites varied greatly in the amount of training they provided in this area for teachers and for parents of children with handicaps. Two sites provided no training at all for PDC teachers, while two had training for all PDC teachers. Similarly, the percentage of parents at either the Head Start or elementary school level who had been trained or had received support in working with their handicapped children ranged from a low of 15% at one site to a high of 100% at several others.

Parent Involvement Component

- Not all sites involved parents equally in decisions relating to the PDC program. When parents were involved in program decisions, their involvement most often was in decisions about activities relating directly to parents, such as workshops and training, rather than in curriculum-related decisions. The ECS sites tended to involve parents from both the Head Start and elementary school levels more equally.

- The percentage of Head Start parent volunteers in PDC classrooms was generally higher than the percentage of elementary school parent volunteers.

Developmental Support Services Component

- There was little variation across sites in this component. Most provided screenings and follow-up services in the prescribed areas, conducted training for parents and staff, and kept the required records.

V

SOME DETERMINANTS OF IMPLEMENTATION

Having considered the nature and levels of sites' implementation of the PDC Guidelines, the final question for the Implementation Study is, "What factors or events account for the observed implementation of PDC?" Consideration of this question began in Interim Report IV, Volume 2 (August 1976) when hypotheses were formulated that related levels of implementation to various local factors and processes. These hypotheses were to be evaluated more systematically across all sites during the 1976-77 data collection. This chapter presents the findings from that evaluation. Following a review of how the factors were identified and evaluated, the evidence for and against each of the 37 hypotheses generated last year is examined and, where appropriate, new factors are suggested.

Procedures

Sources of Factors and Hypotheses

The factors and associated hypotheses discussed in this chapter were derived following a procedure described more fully in Interim Report IV, Volume 2. Briefly, there were four sources:

- Site visit experience. Each PDC site was visited several times during the last three years, and a variety of project participants were interviewed. From these diverse encounters with programs, a relatively intimate acquaintance with the process of local program implementation was obtained. These perceptions were the principal source of hypotheses about the relationship between local factors and program implementation.

- Review of the literature. Along with these analyses of actual PDC programs, a systematic review of the literature on institutional change and innovation was undertaken. This literature served as a resource for identifying factors that may have been overlooked by site visitors and as a context for interpreting those factors which site visitors did identify.

- Consultation with local and national PDC program staff. The PDC experience created a corps of people at the national and local levels with considerable insights into what it means to implement a program like PDC. Both during site visits and at national conferences, coordinators, their staffs, and ACYF personnel were asked to contribute suggestions which might help identify factors shaping PDC.

- "Hunches." As in any research, some hypotheses emerged from sources not clearly identified. Certain factors which could plausibly affect implementation of specific program elements were suggested by evaluation staff.

Collecting Data Relevant to the Hypotheses

To evaluate the hypothesized determinants of implementation, two types of data were required: systematic assessments of the dependent variables (levels of implementation) and information from each site as to whether a given factor was in fact present in that situation, and, if so, what effect it had on the implementation experience. The first requirement was met for nine of the sites by the IRI objective and judgmental ratings (Chapter III). Despite their limitations, these ratings provide a common measure of implementation levels.

The second evaluation requirement--the need for systematic information on the various factors from all sites--was addressed during the 1977 site visits in three ways. First, during each component interview, respondents were asked to evaluate the hypotheses relevant to their component area by considering whether the hypothesized factor had in fact influenced their program's development. Second, at the end of the site visit week, the key PDC participants were assembled for a roundtable discussion of the "lessons learned" from their experience. These discussions were led by the site visitors, who asked questions designed to obtain information relevant to several of the more general hypotheses.

Finally, in order to capture the determinants that were offered spontaneously by those being interviewed, each component interview record was reviewed by High/Scope site visitors and the "factors affecting implementation" at each site were identified and listed.

Limitations in the Data

In an ideal situation, exploring the determinants of program implementation would involve considerable time simply observing and listening to day-to-day events on site. Although some observation was done as part of the PDC Implementation Study during the winter 1976 site visits and whenever possible during other visits, the major sources of information for the study were recollections of project participants obtained during periodic interviews. While such recollections are invaluable, they limit understanding of the determinants of implementation to those factors people are conscious of and willing to discuss. Some of the more subtle processes of implementation were almost surely lost.

The OMB forms clearance process also constrained the types of information that could be included in this evaluation, as discussed in Chapter II. The complete set of PDC sites could not be visited, and the number of respondents was somewhat limited even at the sites that were visited. Data from sites not visited in Year III were available for Program Years I and II, so these sites are included in the present discussion whenever possible. But, since there are no IRI ratings for these programs, this information is interpreted cautiously.

Evaluation of Hypotheses

The hypotheses are organized into four major areas (the PDC setting, local initiation of PDC, planning for PDC, and implementation strategies) and evidence related to each is discussed. Several new hypotheses have been added, and others have been rephrased since Interim Report IV. As all of the complex factors relating to PDC implementation are presented, it is important to keep in mind that no single factor had the same effect on all programs, and that no factor operating in isolation completely determined implementation levels. One of the most critical variables was always the reactions of PDC staff and teachers to the forces that impinged upon them.

The PDC Setting

No effort at change occurs within a vacuum; "change" itself implies that existing regularities are to be altered. It has been a common observation that the social and institutional context of a program is a primary determinant of its ultimate success (Berman and McLaughlin, 1975; Fullan and Pomfret, 1977; Sarason, 1971). Yet change efforts commonly fail in their planning to consider the "school as a culture or the individual teacher and the values and demands of his job" (Lieberman and Shiman, 1973).

Just as the school itself constitutes a culture, with existing patterns of organization, belief, and behavior with which innovators must contend, so too does the school exist within the wider context of the community, which also has existing norms of organization and action.

PDC, as an attempt to alter the very fabric of existing Head Start and elementary programs, was particularly vulnerable to the effects of these existing conditions and regularities. In Interim Report IV, several types of educational and community contextual factors were identified for evaluation. The evidence relating to each of these is discussed in this section.

Size of the PDC community. The first hypothesis was prompted by an early observation by site visitors that many of the factors that seemed to inhibit implementation were more likely to be present in large metropolitan school districts. School districts in large cities were more likely to have complex and rigid administrative patterns that were unable to accommodate a new program like PDC; large cities more often had school districts so large that communication between different sectors was difficult. Local teachers in large cities were more likely to be organized effectively into unions or associations which actively regulated the demands which could be placed on teachers for time and energy.

Large cities were also more likely to have other federal programs present that might have detracted from the visibility and novelty of PDC. In short, it seemed, the mobilization of the necessary energy, enthusiasm, and resources for PDC was much more difficult in a large urban setting.

The first hypothesis was stated as follows:

> *Implementation of the PDC Guidelines will be higher at sites located outside of major metropolitan areas (less than 100,000 population).*

This hypothesized relationship between community size and implementation was tempered somewhat by the further expectation that this general relationship would be reversed in the area of developmental support services because the pool of resources to be tapped would be larger and more accessible in large urban areas.

Table 13 lists the fifteen original PDC sites according to the population of their communities; for the nine sites rated, the table lists the percentage of subcomponents receiving high objective and judgmental ratings (i.e., ratings of 3.5 or above on the objective side and 4.0 on the judgmental) for subcomponents outside the developmental support services component and the mean rating for the developmental support services component alone. As the table shows, the hypothesis is generally supported by the data. The two sites that failed to continue into the third program year were also two of the largest sites. The remaining two sites in this category for which we have ratings were somewhat lower in their ratings than were the sites in less populous areas.

The table also suggests another pattern, however. It appears that implementation was also difficult to achieve in those rural sites with populations of less than 20,000. IRI ratings are only available for the Florida program, but the Arizona case study (Appendix D of this report) indicates that implementation there also proceeded slowly. Whereas the Head Start and elementary programs tended to be separated by bureaucratic space in big cities, they tended to be separated by physical space in rural areas. Consequently, most of the sites in these categories were PSL model sites. Parents

Table 13

Tabulation of Community Sizes and Implementation Ratings

Size	Site	Model	Population	% of high IRI subcomponent ratings excluding DSS (obj/judg)	DSS Mean IRI Rating (obj/judg)
> 100,000	NYC	PSL	8,000,000	Withdrew, 1975	--
	UT	PSL	550,000	**	--
	IA	ECS	200,000	29%/14%	3.4/3.5
	WA	ECS	150,000	48%/57%	3.2/3.8
	NJ	PSL	145,000	Withdrew, 1976	--
	CO	PSL	118,000	**	--
20,000 - 100,000	MI	ECS	85,000	61%/57%	4.0/4.0
	CT	PSL	84,000	71%/71%	3.9/4.0
	WV	ECS	65,000	61%/71%	3.9/4.0
	CA	PSL	34,000	45%/31%	3.7/3.8
	TX	ECS	26,000	42%/71%	2.9/3.0
	MD	ECS	19,000	29%/27%	3.9/4.0
< 20,000	GA	PSL	14,000	**	--
	FL	PSL	12,000 5,000	6%/13%	2.9/3.0
	AZ	PSL	4,200	Not Rated	--

**Site could not be visited in 1977.

in the rural sites tended to be more dispersed, making it difficult to create effective parent participation in the schools. Also, the general pool of community resources was often more limited in small communities.

When ratings for the developmental support services component are considered separately, the mid-sized communities continue to fare better, although there are not enough ratings in either of the other two categories to make definite determinations. It would appear that for a project such as PDC to have the best chance for success, a balance is needed: the community must be small enough to have a responsive and efficient school bureaucracy with centralized decision-making authority, but large enough for the participating institutions and individuals to be in close proximity to one another and for there to be an adequate pool of resources available to the program. Each of these individual factors will be discussed later in more detail.

Prior Head Start-elementary school relationships. The success or failure of PDC ultimately depended upon a site's success at achieving coordination and communication between the Head Start and elementary programs. Not surprisingly, this success or lack of it was closely related to the nature of the local administrative relationship which existed between the two programs prior to the introduction of PDC. Where such relations were routinized, programs were able to concentrate upon implementation of the substantive elements of the Guidelines; sites lacking this history were forced to expend considerable effort at achieving a relationship, or had to settle for separate but similar programs. In the earlier report three aspects of the prior relationships were identified and translated into hypotheses:

> *Sites with a history of joint Head Start and elementary school administration by the school district will have higher levels of implementation than sites at which Head Start and elementary programs have been administered separately.*
>
> *Sites where participating Head Start and elementary school programs have historically been housed in the same building will have higher levels of implementation than those where the two programs have been housed separately.*

> *Sites where the continuity of educational experience has been stressed from Head Start classes through grade three will have higher implementation levels in all areas than sites where such continuity has not been stressed.*

Table 14 presents a summary of the sites' pre-PDC status on each of these three dimensions, along with the percentages of high IRI judgmental and objective ratings at each. Several patterns are apparent from this table. First, at all ECS sites except Washington the Head Start and elementary programs had been housed together prior to PDC; at all PSL sites except Colorado the two programs had been housed separately. This means that most ECS sites had the advantage going into PDC of a history of shared program facilities. While in some cases the sharing did not extend beyond physical proximity, these programs were at least accustomed to being close together. Second, the five sites that administered the two programs separately prior to PDC, housed them separately, and where continuity between Head Start and elementary levels had not been stressed (Arizona, Florida, Georgia, New York, and New Jersey) in general had the greatest difficulty implementing the Guidelines.

Findings for the other sites are mixed. All except Colorado had joint administration of the two programs by the school district prior to PDC. This joint administration took several forms, though. At Texas, Washington, and Maryland the two programs were not only administered together at the district level, but the building principal had authority over the Head Start program in his or her school. The school district was the delegate agency for Head Start in California, Connecticut, Iowa, Michigan, Utah and West Virginia, but at these sites the lines of authority for the two programs were kept separate and distinct.

Although it would seem that programs that were administered and housed jointly and where continuity was stressed prior to PDC would fare best in the ratings (and in fact in their reactions to the hypotheses most coordinators agreed that this should be the case), this does not appear to have happened. Connecticut, the program receiving the highest IRI ratings, had joint administration, but the two were housed separately without any emphasis on continuity prior to PDC (the PDC coordinator was the former Head Start director, however). The most that can be said is that sites without any prior relationship between Head Start and elementary

Table 14

Tabulation of Prior Head Start - Elementary School Coordination and Implementation Ratings

Site	Model	% High IRI Subcomponent Ratings (obj/judg)	History of Joint HS-Elementary School Administration?	HS & Elementary School Programs Housed Together Prior to PDC?	Continuity Stressed Prior to PDC?[1]
AZ	PSL	Not Rated	NO. Elementary run by BIA, HS by ONEO.	NO. Miles apart.	NO.
CA	PSL	45%/42%	YES. HS is administered by the county supervisor of schools. However, HS administration is kept separate from school administration.	NO.	NO. The state education laws make the approaches at HS & elementary school similar. But there was almost no contact prior to PDC.
CO	PSL	**	NO. HS Grantee is the city; County HS Parents, Inc. has been the delegate agency for HS. HS & elementary both responsible to city, though.	YES. For six years prior to PDC.	YES. Frequent communication, shared facilities & resources. Long history of cooperation.
CT	PSL	84%/84%	YES. BOE is HS delegate agency. HS director is a BOE employee. Separate lines of authority for the two programs within the district though.	NO.	NO. Only informal contacts & sharing of medical & cumulative records. Good relationships between programs though.
FL	PSL	23%/13%	NO. Completely separate administrations.	NO.	NO. Infrequent & informal contact.
GA	PSL	**	NO. Completely separate administrations.	NO.	NO. Very little contact. Quite different programs.
IA	ECS	34%/21%	YES. The city HS coordinator is directly responsible to the district Director of Elementary Education. HS is independent of elementary program in schools, though.	YES. In many of the city's schools, but not in the current PDC school.	YES. Although not in the current PDC school.

Table 14
(Continued)

Site	Model	% High IRI Subcomponent Ratings (obj/judg)	History of Joint HS-Elementary School Administration?	HS & Elementary School Programs Housed Together Prior to PDC?	Continuity Stressed Prior to PDC?[1]
MD	ECS	42%/40%	YES. HS is part of the public school system.	YES.	NO.
MI	ECS	74%/72%	YES. School district administers HS. Separate administrations within the schools, though.	YES.	NO. Although housed together there was little contact prior to PDC.
NJ	PSL	Withdrew, 1976	NO. Community Action Project operates HS. Parents run HS.	NO.	NO. Very little contact.
NY	PSL	Withdrew, 1975	NO. HS operated by CAP; grantee was city of NY.	NO.	NO. Very little contact.
TX	ECS	42%/79%	YES. School district runs both out of Director of Instruction's office. Elementary principals supervise HS in their schools.	YES. For several years prior to PDC.	YES. HS was part of preschool program integrated into total school program.
UT	PSL	**	YES. At the district level; HS administered as a completely separate program, though.	NO.	NO. Although district became concerned about it prior to PDC.
WA	ECS	52%/70%	YES. School district is delegate agency for HS. HS teachers supervised by elementary principal.	NO. HS classes were brought into building in 1974.	YES. Was a Follow Through program (grades K-3). Continuity was stressed in Follow Through classrooms only, though.
WV	ECS	74%/84%	YES. HS director is within school district's structure.	YES.	YES. HS program has been actively supported by the schools.

[1] Continuity here refers to, at minimum, formal or at least routine contact between teachers or administrators at the two levels, or sharing of children's records. Continuity could of course extend to other domains such as curriculum planning. For most sites, more detailed information can be found in the planning year case studies (Interim Report II, Part A, June 1975).

**Site could not be visited in 1977.

programs (i.e., a "No" in each column on Table 14) came to PDC with a severe disadvantage that was extremely difficult to overcome, at least within the first three years. It remains to be seen if this disadvantage lasts beyond the program's initial phase.

Pre-existing priorities, policies, laws, and programs. Every PDC program had to contend with or capitalize upon the local activities, emphases, and legislation of the state, district and schools in which it was located. Every school district had its own educational priorities, sometimes mandated by state law. At no site were all elements of the Guidelines embraced with equal enthusiasm; some were always accorded higher priority than others.

Even more important than these district priorities were the particular programs, philosophies, or practices that prevailed in the PDC schools prior to the program's introduction. If the practices resembled those demanded by PDC, it seemed reasonable to expect that these programs would have the most success. Thus, the following hypothesis:

> *Sites with pre-existing or concurrent philosophies, legislation, or programs similar to those required by PDC will have higher implementation in the component areas involved.*

Table 15 illustrates a few of the existing policies, programs, and attitudes that influenced PDC at each site, along with the mean IRI objective and judgmental ratings in the component areas that were most likely to have been affected by them. This table is not intended to be exhaustive; it is included merely to show how some local features influenced PDC programs. The table as well as local site responses suggest that, in general, the hypothesis is supported by the experience of the PDC sites: where prior philosophies or programs were similar, implementation levels were higher; when they conflicted, the levels were lower. That the ratings are in some areas as high as they are seems in part a tribute to the PDC staffs' ability to overcome initial difficulties during the first three years of the program.

Table 15
Some Relationships Between Pre-existing Priorities, Policies, Laws and Programs and Implementation Ratings

Site	Prior Programs, Policies & Attitudes of the PDC Districts & Schools	Effects of Prior Programs, Policies & Attitudes on PDC	IRI Ratings in Relevant Areas (obj/judg)
AZ	1. Local government (chapter houses) not well organized for incorporating PDC; decision-making primarily done only by key tribal members. 2. Clear mandate for operation of Bureau of Indian Affairs and Public Health Service. 3. The BIA elementary school has a policy of English as the official school language. 4. There are four separate school systems in operation (BIA-operated, BIA-contract, public schools, mission schools).	1. Strengthening of chapter's organization helped to strengthen the PDC Council; community involvement in task forces helped gain community acceptance and participation in decision-making. 2. Parents and other community residents were initially reluctant to participate, and coordination of services was difficult to establish. 3. Attitudes toward bilingual bicultural education were slow to change at the elementary level. 4. Created difficulties in establishing a continuous educational program spanning two systems.	Not Rated
CA	1. Extensive support for bilingual education & an actual prototype program predated PDC by 2 years. 2. The district & PDC school had not emphasized parent involvement prior to PDC. 3. The PDC school had had a federal program where funds were withdrawn after 3 mos.	1. There was considerable enthusiasm & support for PDC because it was seen as a way to further bilingual education. 2. Project had some difficulty getting parent involvement started. 3. Some teachers were reticent about participating in PDC initially.	Bilingual 3.6/3.7 Parent Involvement 2.7/3.3 Education 3.2/3.2
CO	1. Had an open classroom approach in one PDC school functioning prior to PDC. 2. Two PDC teachers had become interested in nutrition & initiated instruction in it before PDC.	1. Many of the Education component guidelines were already implemented. 2. A model nutrition program existed that served as a basis for PDC nutrition; teachers already open to teaching DSS-related subjects in the classroom.	**
CT	1. There is a district commitment to increasing parent involvement in schools. 2. Teachers had had experience with other special programs before PDC. 3. Had a comprehensive program for exceptional children.	1. Project was able to get parents actively involved in the schools; made strong PDC Council possible. 2. Teachers had realistic expectations for PDC. 3. Basic guideline elements for Handicapped already in place.	Parent Involvement 3.3/3.7 Education 3.8/4.0 Handicapped 3.6/4.0
FL	1. The goals of PDC called for teaching practices much like those in use by the school teachers.	1. It was not necessary for teachers to change their teaching practices substantially.	Education 3.3/3.0
GA	1. Tradition of little parent involvement in the school. 2. Prior classroom practices at elementary level were quite different from PDC. 3. District limits the no. of meetings that teachers can be forced to attend.	1. Parent involvement difficult to get started. 2. Difficult to get teachers to adopt the PDC approach. 3. Communication at the elementary level has been impaired.	**

**Site could not be visited in 1977.

Table 15
(Continued)

Site	Prior Programs, Policies & Attitudes of the PDC Districts & Schools	Effects of Prior Programs, Policies & Attitudes on PDC	IRI Ratings In Relevant Areas (obj/judg)
IA	1. Prior classroom practices very different from PDC's. 2. PDC had had 2 prior federal programs that "came and went." 3. HS & elementary programs had active parent groups prior to PDC.	1. Teachers had some trouble adapting to radically new PDC approach. 2. Teachers felt that PDC was "just another federal program." 3. Implementation of Parent Involvement activities easier.	Education 3.3/3.5 Parent Involvement 3.0/3.3
MD	1. Learning Centers were in use for several years prior to PDC. 2. It is illegal to use curriculum other than the county mandated curriculum.	1. Teachers already familiar with individualized instruction. 2. Project has been limited in putting together a PDC curriculum.	Education 3.7/4.0
MI	1. The PDC school has a long history of involvement with innovative educational programs like PDC. 2. School already had an individualized instructional approach. 3. Extensive support service component already in the PDC school. 4. District has made a firm commitment to increasing parent involvement.	1. Many of the guideline elements were already in place prior to PDC.	Education 3.7/3.0 Devel. Sup. Ser. 4.0/4.0 Handicapped 3.0/3.8 Parent Involvement 3.5/4.0
TX	1. Parent participation in school activities was not a priority of the district. 2. Texas state program for the handicapped provides comprehensive services to handicapped children.	1. Parent participation in the classroom was difficult at first (although ultimately quite successful); involvement in decision-making has yet to occur. 2. The PDC staff have not had to devote any time to implementing the handicapped requirements.	Parent Involvement 3.1/3.7 Handicapped 3.7/4.0
UT	No data for 1977. 1. District emphasized competency-based education in Year II. 2. Parent involvement was not a district priority.	1. PDC training time was taken by the district for CBE. 2. Little support for parent involvement.	**
WA	1. Site was a Follow Through school implementing an open education model. 2. District made a heavy commitment to mainstreaming. 3. Federally funded multicultural program pays for a full-time multicultural coordinator in the school.	1. Many guideline elements already implemented or implemented through other programs, but it was more difficult for PDC to have its own identity.	Overall 52%/70% Education 3.6/4.0 Handicapped 2.5/3.3 Multicultural 3.4/3.7
WV	1. Strong HS program already part of the school system. HS program set many precedents for PDC. 2. Parent involvement in elementary school very limited & not fostered by system. 3. Local power structure resistant to federal programs.	1. Made real communication & cooperation possible. Fostered implementation of DSS because precedent had been set in community. 2. Parents didn't realize they had power & had to be forced to take responsibility. Attendance poor at Task Force meetings & PDC Council. 3. PDC staff decisions were overridden by Director of Federal Programs.	Overall 74%/84% Devel. Sup. Ser. 3.9/4.0 Parent Involvement 2.6/3.3 Administration 3.2/3.6

**Site could not be visited in 1977.

Several of the sites had prior experience with other federal programs before becoming involved in PDC. Iowa and California reported that this experience was a liability, because teachers were somewhat cynical about the prospects of yet another federal program that would bring added services, but only temporarily. In contrast, PDC staff in Connecticut said that their teachers' experiences with earlier federal interventions were helpful because teachers had realistic expectations for what could and could not be anticipated from a program like PDC. A common problem in programs of educational change is that participants begin with high ideals and even higher expectations that are inevitably frustrated by experience (see Deal, 1975, or Smith and Keith, 1971, for descriptions of this process). Apparently, there is a fine line between realistic expectations and cynicism, depending on the nature of a teacher's experiences with earlier programs.

Closely associated with the preceding hypothesis was the following:

> *Sites where a high number of existing community resources are available will have higher implementation in the developmental support services and training components.*

According to the data, there were very few sites where the local resources were so limited that implementation was affected. The only sites reporting such limitations were those in rural areas (Georgia and Arizona). Most agreed that it was not the presence of the resources that made a difference, but the PDC staff's initiative in mobilizing them. Even where the number of social service agencies was limited, local physicians and dentists could be persuaded to donate their services or to treat PDC families at reduced rates, or parents could be persuaded to donate their skills for purposes of training or delivery of support services. The sites with the highest ratings in these components were not necessarily those having the most resources available, but those that placed the highest emphasis on their implementation.

The final aspect of local policies, programs, or philosophies that was considered concerned the role played by teacher unions in the implementation of PDC. Teacher associations or unions are present in almost every school district today, but the power exercised by these unions varies considerably. In the experience of PDC, the power of the local unions seemed to correspond pretty closely to the size of the community: unions were most active in PDC communities with populations over 100,000 and least active in the smaller communities. Based on some early data from a few sites, the following relationship between these union activities and PDC implementation was hypothesized:

> *Sites at which there are no teacher unions or associations which regulate the activities of teachers will have higher implementation than sites with such unions or associations.*

As Table 16 shows, the actual situation was considerably more complicated than implied by the hypothesis. Two of the sites with the highest implementation ratings--Texas and West Virginia--did not have active teacher unions regulating activities of teachers. However, some other highly rated sites, such as Connecticut, Washington, and Michigan, did have active unions in their schools.

Union regulations did create some difficulties at some sites. In Utah, teachers were asked during the second program year if they would devote some of their scheduled inservice training time to PDC training. The teachers voted against this, and consequently there was less teacher training than the PDC staff would have wished. Staff at other sites had to be careful in their scheduling of training or meetings so as not to violate contract terms.

In sum, though, it seems that while not having a teacher union bestowed some freedom on the PDC staff that they would not have had otherwise, more important to the implementation process was staffs' learning to live within the constraints of the union regulations. In some cases unions proved to be a nuisance, but in no case did a union paralyze a program.

Table 16

Tabulation of the Presence of Teacher Union and Implementation Ratings

Site	Teacher Union?	% High IRI Subcomponent Ratings (obj/judg)	Effect of Teacher Union, if any, on PDC
AZ	Yes	Not Rated	There is a teacher union that is reservation wide; teachers are automatically members. Does not regulate teachers' activities though.
CA	Yes	45%/42%	Created some implementation problems because PDC had to provide stipends for participants in Saturday training sessions.
CO	Yes	**	No data from 1977, but education association regulates 1) amount of time teachers can be kept after school and 2) the amount of activities that teachers can be involved in.
CT	Yes	84%/64%	Had to be careful when scheduling training; teachers allowed 2 days/month. Union affects transfers of teachers into and out of schoo; union working for lower class size, more materials.
FL	Yes	23%/13%	In Planning Year there were a number of scheduling problems because teachers are not permitted to work more than 7½ hours/day. Coordinator says that program has learned to work within these constraints.
GA	No	**	There is no union at the Georgia site.
IA	Yes	39%/21%	Only certain times were set aside for early dismissal and teachers meetings. When this time was taken in Program Year II for bussing-related activities there was no time for PDC training.
MD	Yes	42%/40%	Contract limits 1) working hours, 2) night meetings, 3) amount of teaching that can be done by volunteers in the classroom. According to the coordinator, the PDC teachers have not insisted that the contract be followed.
MI	Yes	74%/72%	Has not affected implementation.
NJ	Yes	Withdrew, 1976	Union representative tried to avoid becoming involved in PDC-related problems.

**Site could not be visited in 1977.

Table 16

Tabulation of the Presence of Teacher Union and Implementation Ratings (Continued)

Site	Teacher Union?	% High IRI Subcomponent Ratings (obj/judg)	Effect of Teacher Union, if any, on PDC
NY	Yes	Withdrew, 1975	Little data except that procedural waivers from the union would have been required to hire bilingual teachers.
TX	No	42%/79%	PDC staff were able to require considerable extra time from PDC teachers after school and on weekends.
UT	Yes	**	No data from 1977, but in Year II teachers had to vote on whether their inservice training days could be used for PDC training. Teachers voted against this. PDC training thus was limited.
WA	Yes	52%/70%	Coordinator doesn't feel that it has affected implementation.
WV	No	74%/84%	PDC was able to make changes without delay or effective opposition.

**Site could not be visited in 1977.

Size of the target school populations. Some early experience of sites suggested that projects seemed to emphasize those components that affected the most children. Consequently, the following hypothesis:

> *Sites with a high concentration of the target populations in the PDC schools (Head Start children in elementary classes, handicapped children, Black or Hispanic children, etc.) will have higher implementation in the components involved.*

Unfortunately, we could not ascertain the number of Head Start graduates in elementary classrooms at each site; those records were difficult to retrieve in many school districts. However, anecdotal evidence from some sites suggested that the numbers of Head Start children in elementary classes did tend to affect teachers' perceptions of the importance of establishing linkages with the Head Start program. In Utah, for example, the concentration of Head Start graduates in the PDC elementary programs was very low--only two or three in most classes. When interviewed (in Program Year II) teachers there reported that in fact they saw little need for closer ties with the Head Start program. Conversely, in Texas, all children in the elementary classes were graduates of the district's preschool program, regardless of Head Start eligibility. Teachers at that site felt a strong need for better coordination between the two programs.

Table 17 shows the relationship between the size of the target populations at each site for multicultural and for handicapped programs and the IRI ratings in the relevant components. These data seem to indicate that implementation of the bilingual bicultural and/or multicultural components corresponds quite closely to the size of the Hispanic population, but is quite unrelated to the size of the Black population, even though both populations were specifically mentioned in the Guidelines. The sites with the lowest IRI ratings in this component--Florida and Iowa--were also the sites with the lowest concentration of Hispanic children. Conversely, the sites with the highest ratings--Texas, Connecticut, and California--all had substantial Hispanic populations. The same pattern prevails for language dominance: the highest-rated sites also had the largest proportions of non-English dominant students.

Table 17

Tabulation of Concentrations of Target Populations and Implementation Ratings

Site	% Black		% Hispanic		% American Indian		% Non-English Dominant		BL/MC IRI Rating (obj/judg)	No. and % Handicapped		Mean Handicap IRI Rating (obj/judg)	Site Comments
	HS	Ele	HS	Ele	HS	Ele	HS	Ele		HS	Ele		
AZ[1]	0	0	0	0	100	100	100	100	Not Rated	ND	ND	Not Rated	
CA	7	4	87	88	2	2	16	7	3.6/3.7	3(6%)	86(35%)	3.5/3.5	Hypothesis true for HS & BL children. Services for handicapped mandated by law.
CO[1]	0	1	74	74	0	0	ND	ND	**	ND	ND	**	
CT	38	26	39	24	1	<1	27	24	3.5/3.5	31(55%)	322(36%)	3.6/4.0	Parent coor. works 75% as parent coor. and 25% as BL coor. Mainstreaming mandated by law.
FL	100	63	0	14	0	0	0	7	2.8/2.0	10(22%)	121(12%)	3.1/3.0	
GA[1]	55	36	0	0	0	0	0	0	**	12(26%)	68(15%)	**	
IA	49	39	2	1	0	2	4	3	2.8/2.0	8(15%)	66(20%)	3.1/3.0	If there had been more MC & Hand. children, they would have done more.
MD	54	51	7	4	0	0	7	5	3.5/3.3	1(2%)	72(15%)	2.4/3.0	Numbers had no effect. Services for hand. are required by law.
MI	40	48	4	24	0	0	0	0	3.4/2.3	10(13%)	14(5%)	3.0/3.8	
NJ[1]	92	97	6	3	0	0	ND	ND	Withdrew, 1976	ND	ND	Withdrew, 1976	
TX	1	1	74	70	0	0	63	12	3.6/4.0	3(3%)	32(15%)	3.7/4.0	High preschool & BL population caused greater awareness. Programs for hand. required by law.
UT[1]	5	3	23	15	0	<1	ND	ND	**	ND	ND	**	
WA	25	24	7	7	13	6	5	5 (overall)	3.4/3.7	ND	52(16%)	2.5/3.3	The size of target population did make a difference but staff interests are just as important.
WV	5 (overall)		1 (overall)		0	0	0	0	3.4/4.0	10(24%)	52(23%)	3.9/4.0	Large Appalachian population the focus of their MC activities.

[1] Data were collected during the 1975-76 school year. ND = No Data **Site could not be visited in 1977.

Implementation ratings for the handicapped services component seem unrelated to the numbers of children to be served. Both the highest and one of the lowest rated sites in this component--West Virginia and Washington--had the same number and percentage of handicapped or learning disabled children. No site received particularly low ratings in this area. Implementation of handicapped services seemed in fact to have been more a function of existing laws and programs than of the size of the population to be served. Many sites operated under state laws that mandated services for all handicapped children, regardless of their number (see Table 9 in Chapter IV for a summary of these).

Where size of target population did make a difference, it seemed to have been for several reasons. First, the more children there were in a particular category, the more aware staff were of their needs. Second, schools with high concentrations of certain students were better able to demand supplementary staff from the district. Finally, if there were many children in a PDC school requiring special services, there was a good chance that other programs also existed in the school to provide them.

Minorities in positions of authority. Along with the hypothesized relationship between size of target population and implementation, a second hypothesis was proposed that linked implementation levels in the bilingual bicultural and/or multicultural component with the presence of minority persons in key decision-making positions within the schools:

> *Sites with a greater number of bilingual bicultural or other minority persons in positions of authority within the district (e.g., principals, supervisors, etc.) will have higher implementation of the bilingual bicultural and/or multicultural components.*

Systematic data relevant to this hypothesis were not collected from all sites, but we do have considerable anecdotal information from sites as well as local staff's reactions to the hypothesis itself. These data suggest that there was substantial support for the assertion that sites with minority representation in key positions also had a stronger emphasis of bilingual and multicultural activities. In Texas, for example, the elementary school principal was Mexican-American and Spanish-speaking. His considerable support for PDC's bilingual component greatly aided implementation. Very few sites were without substantial minority representation in their school programs.

Staff at most sites agreed that having minority representation in these decision-making positions helped implementation. Pressure and support for multicultural activities came in these cases "from above"; their very presence in the hierarchy helped create awareness of the specialized needs of all groups. At the same time, the presence of minority persons in these key positions was not a guarantee of high implementation ratings. The cross-site variability in the implementation of this component indicates the influence of other factors as well.

The nature of the PDC parent population. As important for the implementation of PDC as the characteristics of the educational setting, it seemed, were the composition and attitudes of the parents whose children were to be served. We presumed that this effect would be strongest in the area that most directly dealt with parents--parent involvement. Achievement of the type of involvement demanded by the *Guidelines* requires more than the good will and persistent efforts of a parent involvement coordinator; a reservoir of available and cooperative parents is also important. Consequently, two hypotheses were formulated based on reports from sites:

> *Sites with a lower proportion of employed mothers or single-parent homes will have higher implementation in the parent involvement component.*
>
> *Sites where minority ethnic groups are actively seeking to maintain their own language and/or cultural traditions will have higher implementation in the bilingual bicultural and/or multicultural component.*

The data relevant to the first hypothesis are inconclusive. Every site that reported having substantial numbers of working or single mothers also said that these parents were extremely difficult to attract to the school. However, there did not seem to be any relationship between IRI ratings in the parent involvement component and these reports. This lack of relationship is probably as much an artifact of the ways the ratings were done as anything else. On most items in the IRI, a site with a rather small but very active corps of parents could have been rated highly. Consequently, a site could have had as many as half of their parents single or employed, and nonparticipating, yet still show high levels of implementation on the IRI. Thus, the anecdotal data from sites would seem to support the contention that few single or employed parents participated in PDC, but data do not support the contention that the numbers of such parents significantly affected implementation ratings.

Evidence relevant to the second hypothesis is spotty, but in most cases supportive. Some of the sites with the highest ratings for bilingual or multicultural activities--Connecticut, Washington, Michigan, and California--were also located in culturally heterogeneous areas with active concern among ethnic groups for preserving their cultural and linguistic heritages. In West Virginia, also highly rated, there was a large and growing interest in preserving the mountain lore and dialect. However, the Texas program, a bilingual demonstration project with high IRI ratings, was located in a community where people did not have to actively strive to preserve their language and heritage--perhaps because active efforts were not needed in a border community permeated by the culture and language of Mexico.

Another factor not reflected in the first set of hypotheses concerns parent attitudes toward the schools and federal programs. The evidence from several sites suggests that these attitudes had a powerful and pervasive effect on PDC. Again, the effects were generally felt most strongly in the parent involvement component. In Texas, Florida and Arizona, for example, there had been a long history of low involvement of parents in school affairs prior to PDC. In most cases this tradition was maintained by the parents as much as by the schools. In Texas, PDC staff reported that they had to contend with the view, characteristic in the local Mexican-American community, that educators were the "experts," and that parents had no business meddling in school affairs. The parent involvement coordinator at this site was quite successful in overcoming this reluctance to participate, and many parents eventually worked as volunteers in the classroom. Less progress was made toward participation in educational decision-making, though.

In contrast to these traditions of low involvement, elementary school parents in Utah were generally accustomed to volunteering for school and community service because of the strong tradition among Mormons of participation in church-related activities. This tradition made it possible early in the program to attract parents of PDC children to the elementary schools, although (at least at the time of the last visit in 1976) the parents that were involved were rarely those of children who had graduated from Head Start. Similarly, in West Virginia, the location of PDC in a university community meant that the project had a reservoir of parents at the elementary level with schedules flexible enough to permit involvement in school affairs.

Another example of the effects of parental attitudes was found in Georgia. The Head Start center at this site was located in a predominantly Black residential area; the elementary school was in a middle-class White area. Because parents of the elementary school children felt uncomfortable in the Head Start district, almost all PDC meetings (as of the 1976 site visit) were held at the elementary school.

Again, no PDC project began in a vacuum. Each was buffeted or aided by the history, policies, and attitudes of its home community. Where a conducive environment already existed, PDC was able to take root quickly and achieve implementation rather painlessly. No site, however, operated in a uniformly hospitable setting; each experienced some forces helping and others hindering implementation. After three years it appears to have been the PDC teams' skill in dealing with the environment as much as features of that environment that determined implementation levels.

The Local Initiation of PDC

Discussion of the processes by which schools decide to adopt innovations at one time dominated the literature on educational change, and has only of late been balanced by similar focus on what happens *after* the adoption.

The Rand research (Berman and McLaughlin, 1975) identified two types of initiation processes that provided motivation for the change efforts they studied: "problem solving" and "opportunism." The "problem solving" motive for projects emerged primarily, they said, in response to locally identified needs. If federal funds were used, they were seen as a means for attaining an already identified end. In contrast, "opportunistic" adoption was generally motivated more by the basic survival mechanisms of the school bureaucracy: the availability of federal funds in a particular area became known and "problems" were identified to fit the funding requirements. The Rand research indicated that projects motivated by "opportunism" evidenced little commitment by local staffs, and consequently rarely produced successful change.

The local decisions to pursue PDC funding, in most cases, fell somewhere between the two ideal types. Where application was prompted by perceptions of local needs, these perceptions were in almost every case identified at the district level; in no case was PDC brought into an elementary school as a solution to needs identified by teachers and parents in that school. On the contrary, in several sites (New York, California, and Utah, for example) PDC elementary schools were identified after funding was secured, either for administrative reasons or to better accommodate the evaluation's need for a testing sample.

Fullan and Pomfret (1977), in their review of determinants of implementation, maintain that the sponsoring and adoption of large-scale programs of reform, like PDC, are to a large extent political acts. The emphasis at the federal level initially, therefore, is to obtain the necessary number of adoptions (i.e., sites) in a short period of time, so that the project can begin on schedule. This initial emphasis on adoption, say Fullan and Pomfret, has several implications: first, the process of obtaining or determining acceptance by users (in this case, elementary school and Head Start teachers) is bypassed either because of lack of time, or because rejection or delay cannot be risked. Second, the urgency of getting programs into the field means that inadequate time is spent specifying the operational implementation characteristics of the innovation.

In the case of PDC, the initial contact concerning the availability of funds for local PDC projects occurred in a similar fashion at all sites. Regional ACYF officials approached local Head Start administrators with the news that PDC was about to begin. Following these contacts, however, the adoption process at the various sites differed. Three hypotheses were formulated in Interim Report IV that address these differences.

Participation in adoption decisions. Information from sites early in the project suggested that the extent of participation in early decisions about whether to seek PDC funding and about what should be in the proposal might have affected later implementation. Thus, the following hypothesis:

> *Sites where school district officials, principals, and Head Start and elementary school teachers were involved in initial decisions about the nature and content of proposals for PDC funding will have higher implementation levels in all component areas.*

Table 18 summarizes the data relating to this hypothesis. The extent of local participation (a) in the initial decision to apply for PDC and (b) in preparing the proposal for that funding seems to support Fullan and Pomfret's contention that, for programs like PDC, funding and proposal decisions tend to be made at levels above the participating schools and centers. For purposes of the table, "building administrators" are Head Start center directors or elementary school principals within whose schools PDC was ultimately placed; "teachers" refers only to teachers working somewhere in the local district since, for most sites, data were not available to determine whether or not teachers who worked on the proposals were from the designated PDC schools and centers. In most cases, parents who were involved in these early decisions were present in their capacity as representatives on the Head Start Policy Council.

Although there was general uniformity in the patterns of narrow participation in initial decisions to seek funding, and consequently no obvious relationship to implementation levels, there does appear to be some relationship between participation in proposal writing and ultimate implementation. Again, at all sites the breadth of participation at this stage was rather narrow, but of the four sites that involved both the future PDC Head Start center director and PDC elementary school principal in proposal writing--Connecticut, Michigan, Utah, and West Virginia--three were among the highest rated sites for Year III implementation (there were no IRI ratings for Utah). Further, the two sites that involved teachers in these deliberations, Connecticut and Texas, also received high ratings.

Anecdotal evidence from sites also seems to support the hypothesis. In their discussion of the "lessons learned" from the PDC experience, staff at the California site mentioned this very point: because of the way decisions were made about PDC in the beginning, teachers felt that they were being "burdened with another program about which they had no say." This feeling caused some initial resistance at the elementary level. In contrast to this, staff in Iowa said that district officials who were involved in initial proposal decisions did as much as possible later to help PDC by preventing the busing of children from the PDC school as part of the city's desegregation plan.

Table 18
Tabulation of Participation in Early PDC Decisions[1] and Implementation Ratings

	Groups Represented in Initial Decisions to Apply for PDC								Participants in Preparing the First PDC Proposal										
	District Officials		Building Admin.[1]		Teachers		Parents		District Officials		Building Admin.[1]		Teachers		Parents		Grantee	Delegate Agency	% High Ratings on IRI Subcomponents (obj/judg)
Site	HS	Ele	HS	Ele	HS	Ele	HS	Ele	HS	Ele	HS	Ele	HS	Ele	HS	Ele			
AZ	●	●		●		●			●			●		●			Commun. Action Agency	Same	Not Rated
CA	●	●	●	●	●	●	●	●	●	●	●	●					County Dept. of Ed.	School District	45/42
CO	●	●							●	●							City Gov't	County HS Program	**
CT	●	●	●		●		●		●	●	●	●		●			Commun. Action Agency	School District	84/84
FL	●	●							●	●		●					Commun. Action Agency	Same	23/13
GA	●	●	●	●	ND	ND	ND	ND	●	●	●	●	ND	ND	ND	ND	Commun. Action Agency	Same	**
IA	●	●							●	●							Commun. Action Agency	School District	39/21
MD	●	●	●	●	ND	ND	ND	ND	●	●	ND	ND	ND	ND	ND	ND	Commun. Action Agency	School District	42/40
MI	●	●							●	●	●	●					Commun. Action Agency	School District	74/72
NJ	●	●					●		●	●							Commun. Action Agency	Concerned Parents for HS	Withdrew 1976
NY	●	●	●		●				●	●	●						Commun. Action Agency	Same	Withdrew 1975
TX	●	●							●	●			●	●			School District	School District	42/79
UT	●	●							●	●	●	●			●		Commun. Action Agency	School District	**
WA	●	●			●		●		●	●							Commun. Action Agency	School District	52/70
WV	●	●							●	●	●	●					Commun. Action Agency	School District	74/84

[1] From the Planning Year Case Studies.

[2] Principals and Center Directors at PDC facilities.

ND = Data not reported in case study.

**Site could not be visited in 1977.

It seems probable that involvement of principals in early adoption decisions was even more important at PSL sites than at ECS. At most PSL sites, as we shall see, the administrative relationship between the PDC coordinator and the elementary school principal was more tentative and less formal (we emphasize the elementary principal here because for most sites the really radical changes demanded by PDC were to occur at the elementary school level). Consequently, PDC staff at those sites had to rely more heavily on good will and personal relationships to accomplish their ends. Understandably, a principal who was excluded from basic initial decisions about a program coming to his or her school had a smaller initial reservoir of good will than one who was instrumental in bringing it there.

Designation of the PDC delegate agency. As important as this early participation in decisions might be, the designation of the delegate agency for Head Start, and consequently for PDC might have been even more important. Thus, the following hypothesis was formulated:

> *Sites where the local school district is the Head Start delegate agency will have higher implementation levels in all component areas.*

As Table 18 shows, in most cases the local community action agency received the PDC grant because it was the Head Start grantee. Designation of delegate agencies, however, was more variable. The pattern of relationships between this decision and future implementation, though, seems clear. Where an agency other than the local school district was the delegate agency, implementation problems were immediate and pervasive. Five sites--Arizona, Florida, Georgia, New Jersey, and New York--had the community action agency as both the grantee and delegate agency for PDC. Of these sites, we only have IRI ratings from the Florida project, but anecdotal evidence (and the fact that the New Jersey and New York programs withdrew) strongly indicates that this arrangement did not facilitate implementation, at least during the first three years. The case of New Jersey is instructive in this regard: because PDC was outside the control of the local administration, teachers and principals at the participating elementary school tended to perceive PDC staff as outsiders trying to "take over." This perception of PDC staff as an outside and somewhat alien force in the school seriously diminished the ability of PDC to effect any real changes in the elementary school program.

In contrast, where the district was the delegate agency, or both the grantee and delegate agency, problems were diminished considerably. PDC staff were able to function almost immediately as insiders within the schools, interacting with teachers and principals in most cases as colleagues rather than as strangers.

Numbers of PDC schools, centers, teachers, and children. The number of participants in PDC at a given site was a function of several things. All PSL sites by definition had at least one Head Start center and one elementary school; most had more than that. In contrast, most ECS programs were confined to a single building (West Virginia, with two Early Childhood Schools, was the only exception). In most cases, the number of buildings (beyond the one or two demanded by the model), teachers, and children was dictated by the needs of the evaluation. Since several districts bused Head Start graduates to a number of schools (most notably Connecticut and Utah), large numbers of schools and classes had to be included at these sites to ensure an adequate sample of Head Start graduates in later years. Because several sites in Program Year II mentioned that these numbers caused difficulty, the following hypothesis was proposed:

> *The more teachers, children, classrooms, and schools participating in PDC, the lower will be the levels of implementation in all component areas.*

The logic behind this hypothesis seemed indisputable: since PDC was designed to create communication and coordination between previously independent programs and individuals, it seemed reasonable to expect that implementation would be lower as the number of institutions and individuals increased. As Table 19 shows, however, the pattern is not so clear. The highest and lowest IRI ratings were found at the two largest programs.

Planning Year Activities

Project Developmental Continuity is unique among recent federal programs in that it provided a full year for sites to plan their programs prior to implementation. The expectation stated in the Guidelines and reiterated several times by

Table 19

Tabulation of Numbers of PDC Schools, Classes, Teachers and Children, and PDC Implementation Ratings

Site	Model	% High IRI Subcomponent Ratings (obj/judg)	Centers and Schools		Classrooms		Teachers		Children	
			HS	Ele	HS	Ele	HS	Ele	HS	Ele
AZ	PSL	Not Rated	3	1	3	11	3	11	65	278
CA	PSL	45%/42%	1	1	4	9	4	9	45	247
CO[1]	PSL	**	2 (combined HS & Ele)		4	20	2	17	62	403
CT	PSL	84%/84%	1	3	5	35.5	5	31.5	56	890
FL	PSL	23%/13%	2	2	4	36.5	4	36.5	45	977
GA[1]	PSL	**	1	1	3	21	3	19	47	454
IA	ECS	39%/21%	1 (combined HS & Ele)		3	12	2	12	57	326
MD	ECS	42%/40%	1 (combined)		4	19	2	16	57	464
MI	ECS	74%/72%	1 (combined)		4	11	2	10	75	288
NJ[1]	PSL	Withdrew 1976	2	1	2	16	3	11	62	388
NY[2]	PSL	Withdrew 1975	2	1	5	14	5	ND	94	ND
TX	ECS	42%/79%	1 (combined)		1[3]	2[3]	Unit 1 4	Unit 2&3 8	Unit 1 91	Unit 2&3 233
UT[1]	PSL	**	1	3	9	32	9	32	170	888
WA	ECS	52%/70%	1 (combined)		3	12	3	12	60	317
WV	ECS	74%/84%	2 (combined)		2	8	2	8	42	222

[1] Based on data collected during the 1975-76 school year. [2] Based on data collected during the 1974-75 school year. [3] Ungraded units. ND = No Data. **Site could not be visited in 1977.

ACYF was that, following the planning year, the complete PDC project would be implemented immediately and in full, with no sequencing either by component or grade levels. As we shall see, no program was able to meet this objective.

Among local project personnel, the concept of a planning year was the most universally applauded feature of PDC. Many who remember the difficulties that were encountered setting up Head Start and Follow Through programs in a matter of weeks appreciated the fact that PDC at least permitted them some time to decide what they would do in their programs.

The planning process. Given that the planning year was unique and appreciated, a reasonable question for the Implementation Study to address was, "What effect did this planning year have on subsequent implementation?" Before turning to the hypotheses, though, we should emphasize again the enormous support that was encountered for the concept; regardless of what the IRI ratings might indicate, the planning year must have done something to generate such appreciation.

Three hypotheses related to the process of planning were formulated in Interim Report IV:

> *Sites at which the planning of the PDC program began early in the planning year will have higher levels of implementation than sites where such planning began later.*
>
> *Sites at which teachers, parents, and administrators were involved in the planning year activities will have higher implementation levels in all component areas.*
>
> *Sites at which a higher number of PDC planning tasks were completed during the planning year will have higher implementation in the component areas involved.*

Overall, the three hypotheses are supported by testimony from the sites over the last three years. The implementation ratings also provide support, but not as clearly. Table 20 summarizes data compiled from the Planning Year Case Studies relating to two of the hypotheses. Regarding the first, it is difficult to determine a date when planning for a project actually began. Miles, et al. (1978) says that planning

Table 20

Tabulation of Implementation Ratings and Planning Processes

Site	% High IRI Ratings (obj/judg)	When Planning Year Activities Began				Number of Planning Tasks Completed
		Coor. Hired	Other Staff Hired	Council Formed	Task Forces Formed	
AZ	Not Rated	September	December	October	No Data	6
CA	45%/42%	February	April	April	April	2
CO	**	September	by February	November	November	19
CT	84%/84%	September	February	October	February	13
FL	23%/13%	September	September	October	November	11
GA	**	November	August	October	January	12
IA	39%/21%	September	September	October	October	24
MD	42%/40%	July	No Data	September	November	15
MI	74%/72%	September	November	November	November	20
NJ	Withdrew 1976	October	October and January	August	December	10
NY	Withdrew 1975	October	March	November	November	1
TX	42%/79%	July	September and November	October	October	11
UT	**	October	September and December	October	November	16
WA	52%/70%	October	already in school	October	October	22
WV	74%/84%	August	August	January	January	23

**Site could not be visited in 1977.

begins when the project manager (in this case the PDC coordinator) is hired. However, there were many other significant events that could also be taken as critical starting points for PDC, such as the formation of the PDC Council, the creation of task forces, or the hiring of the rest of the PDC staff.

The California project had the least time for planning. They did not receive notification of funding until December, 1974, and did not begin planning the components until April. According to staff there, this delay made a difference in their implementation. Much of the basic planning work had to be done during the first implementation year.

The Planning Year Case Studies suggested a relationship between late hiring of PDC coordinators (after September, 1974) and completion of the planning tasks required by the Planning Year Guidelines. The data continue to show some relationship between late hiring and implementation levels in Year III, but it is likely that this relationship is the product of the planning tasks that were completed because of the early hiring.

The hypothesis on staff involvement in planning was not evaluated systematically, but responses from the sites lend strong support for it. The response from Connecticut staff was typical: those who were involved in the planning were the most active advocates and supporters of PDC; through their efforts, they brought others into the program. Several sites mentioned that the breadth of participation in planning was a function of the time available; where the planning year began late it was difficult to involve a wide range of teachers and parents in the planning work. At some sites (most notably New York) there was broad teacher and parent participation from the Head Start level in planning, but almost none from the elementary level. In each case where this lopsided participation occurred considerable problems were encountered when implementation began.

One final point about participation in the planning year should be emphasized. At no site did planning end after the planning year; if anything it intensified after that. With the heavy turnover in PDC teaching and administrative staff that some sites experienced (for example, in Michigan), whatever benefits wide participation produced during that planning year were only maintained if that wide participation continued into subsequent years. If participation in planning decisions built feelings of ownership and commitment to the project, new teachers entering the project in Year II and thereafter required the same degree of participation as those before them.

Table 20 also summarizes evidence for the third hypothesis. The average number of completed Year I planning tasks for the four sites with the highest IRI objective ratings (Connecticut, West Virginia, Michigan, and Washington) was 20; the average for the lowest five sites was 13. Although there does appear to be some relationship between planning task completion and later implementation, there is confounding with program model: three of the four highly rated sites are ECS model programs, while three of the lower group are PSL model sites.

The relationship between task completion and implementation is even weaker when sites are ranked according to their judgmental ratings rather than the objective. With this ranking the average number of planning tasks completed by the four sites with the highest judgmental ratings decreases to 17, while that of the lowest five increases to 15.

Staff selection procedures. The procedures for selecting principals were similar at most sites and involved ACYF staff in a process to identify principals congenial to the planned project. The selection procedures for PDC staff, on the other hand, were quite variable and ranged from selection by the district director of instruction (Texas) to selection by the PDC Council (California). However, analysis of the implementation ratings and site responses does not suggest any clear relationship between these procedures and subsequent implementation experience.

Selection procedures for teachers, however, appear at the end of Program Year II to have been both variable and important for implementation. The importance of teacher support for innovations is a common theme in the literature. While many factors contribute to the creation of this support, voluntary participation by teachers appears to be among the most important. Of course, even voluntary participation by an eager teacher does not ensure against disillusionment and resistance later on when the implications of a new program become more apparent, but teachers forced to participate often mentally withdraw from programs even at the outset.

Based on the literature and observed experiences at some sites, four hypotheses dealing with teacher selection were proposed in Interim Report IV:

> *Sites with formal selection/recruitment procedures for PDC teachers will have the highest levels of implementation in all component areas.*
>
> *Sites where teachers could opt for or against participating within the PDC program while still remaining in the school will have slightly lower levels of implementation in all component areas.*
>
> *Sites where teachers were given the choice of participating in PDC or tranferring to another school will have lower levels of implementation in all component areas.*
>
> *Sites where teachers were given no option as to participating in PDC will have the lowest levels of implementation in all component areas.*

Table 21 summarizes the selection procedures employed by the sites, along with the percentage of subcomponents on which each received high objective and judgmental ratings. Only data on selection procedures for elementary teachers were collected, but anecdotal evidence suggests that at most sites there were so few Head Start centers and classes that after the initial decision was made to pursue PDC funding, Head Start teachers had relatively little choice about participating. Again, though, for almost all sites the most radical classroom changes (individualized instruction, parent involvement, etc.) occurred at the elementary level; aside from additional meetings and coordination with elementary teachers, PDC did not have the same dramatic impact on Head Start.

The table shows that no site gave teachers the option of not participating in PDC while still remaining in the same school, so this hypothesis could not be evaluated. It was originally included, however, because evidence from sites suggested that an option to participate or leave the school was for many no option at all. Given problems of transportation, new principals, and new colleagues, many teachers would rather participate in a program they do not like than leave

Table 21

Tabulation of PDC Elementary Teacher Selection Procedures and Implementation Ratings

Site	% High IRI Subcomponent Ratings (obj/judg)	Teacher Selection Procedures[1]
AZ	Not Rated	NO CHOICE. All teachers, HS-Grade 3, had to participate.
CA	45%/42%	COULD TRANSFER TO OTHER SCHOOLS. Two elementary teachers were removed before Year II because they could not accept PDC.
CO	**	COULD TRANSFER TO OTHER SCHOOLS. A few did so because they did not like the open education approach.
CT	84%/84%	COULD TRANSFER TO OTHER SCHOOLS. However, few openings existed, so few teachers transferred.
FL	23%/13%	NO CHOICE. Teachers told by superintendent and principals that they would participate.
GA	**	NO CHOICE.
IA	39%/21%	COULD TRANSFER TO OTHER SCHOOLS. All had opportunity to learn about PDC, none transferred.
MD	42%/40%	NO CHOICE AT FIRST. Given option to transfer after Planning Year.
MI	74%/72%	BOTH. No choice for 8 teachers already there. PDC coordinator supervised recruitment of 4 new teachers to fill vacancies.
NJ	Withdrew 1976	NO CHOICE.
NY	Withdrew 1975	NO CHOICE.
TX	42%/79%	RECRUITED. PDC was described to all district teachers and interested teachers told to apply. Many were hand-picked by the Director of Instruction.
UT	**	COULD TRANSFER TO OTHER SCHOOL. According to the PDC coordinator, if they could have stayed in the same school 75% of the PDC teachers would not have participated in PDC.
WA	52%/70%	COULD TRANSFER TO OTHER SCHOOLS. However, teachers as a group voted whether PDC should replace Follow Through.
WV	74%/84%	RECRUITED.

[1] All data collected during the winter 1976 site visit. **Site could not be visited in 1977.

the school. This observation was underscored by the comment from the Utah coordinator that, had it not meant moving from the school, 75% of her elementary teachers would have elected not to participate in the program.

The table strongly suggests, though, that the remaining three hypotheses are supported by the PDC experience. Three sites (Michigan, Texas, and Washington) which actively recruited teachers for the program were among the most highly rated on implementation. In contrast, of six sites which gave elementary teachers no choice at all, two subsequently withdrew from PDC, one received low ratings, and one that was not rated is known to have had considerable difficulties instituting any changes in the elementary school.

Experience of teachers. Two hypotheses were proposed that related implementation levels to the experiences of PDC teaching staff:

> *Sites with teaching staffs with the fewest mean years of teaching experience will have higher implementation levels in all classroom-related component areas.*
>
> *Sites with the most teachers experienced in instructional approaches analogous to those of PDC will have the highest implementation levels in all classroom-related component areas.*

Systematic data relevant to these hypotheses could not be collected from all sites because of the time and expense that would have been required. Anecdotal evidence from site staff does suggest, though, that with some reservations both hypotheses might be true. Most PDC staff members felt that newer teachers were more willing to adapt to the approaches prescribed by PDC, and more tolerant of the many demands for time and effort that a new project inevitably requires. Some disagreed, though. Staff in Michigan said that PDC was not so different from what good teachers have always done in their classes. The response from PDC personnel in Iowa was that the resistant teachers were those who fear "not being perfect." This fear, they said, afflicted new and experienced teachers alike. Staff in California generally agreed with the hypothesis, but said that some new teachers were reluctant to switch to a tentatively chosen new path so soon after college.

More sites agreed with the second hypothesis, especially those at which teachers had little or no choice about participating in PDC. If teachers were already familiar with and supportive of individualized approaches to learning, the task of the PDC staff was much simplified. One dissenting view on this came from Texas. Staff there said that experience with analogous educational approaches made implementation more difficult because those teachers kept referring to how they operated in their other program and did not want to adapt to the different demands of PDC.

Background of key PDC staff. Much has been written about the importance of skillful leadership for the implementation of planned innovations, but attempts to identify the characteristics necessary for skillful leaders have generally proved unsatisfactory. Novotney (1973), for example, reported that only five percent of the traits listed in 106 studies appeared in four or more of the studies, while Havelock (1971) asserted that "there are no characteristics of leaders that hold up over different types of situations." Project Developmental Continuity was no different; the PDC coordinators and other key staff came from a variety of backgrounds, with a variety of skills and interests. Nonetheless, three hypotheses were formulated in Interim Report IV that predicted some characteristics that staff at highly implemented sites would be expected to possess:

> *Sites at which key staff have had previous experience successfully implementing programs of educational change will have higher implementation levels in all component areas.*
>
> *Sites with key staff members drawn from and familiar with the local community will have higher implementation levels in all component areas.*
>
> *Sites with key staff members with extensive experience and technical skill in the various guideline areas (e.g., special education, bilingual education) will have higher implementation levels in the components involved.*

Some of the data relevant to these three hypotheses are displayed in Tables 22 and 23. Table 22 summarizes the background of the PDC coordinators at the original 15 PDC sites. Where a site had more than one coordinator during its

Table 22

Tabulation of PDC Coordinators' Backgrounds and Implementation Ratings

Site	% High IRI Subcomponent Ratings (obj/judg)	From Community?	Background
AZ	Not Rated	Yes	Has elementary teaching certificate with emphasis in special education; worked in BIA School, was a trainee for Indian Administrators, community work and is currently taking management and supervision classes; bilingual.
CA	45%/42%	Yes	Has teaching and counseling experience; administrative experience with school district--coordinated multicultural inservice training for school district; is bilingual.
CO	**	Yes	No data.
CT	84%/84%	No	Teaching experience in both Head Start and elementary school; administrative experience in public schools and Head Start (was Head Start director before becoming PDC Coordinator); worked for state department of education in Maryland.
FL	23%/13%	Yes	Teaching experience at preschool and elementary school level; administrative experience as teacher-director and area coordinator for Head Start.
GA	**	Yes	Teaching experience at both Head Start and elementary school level; no administrative experience.
IA	39%/21%	Yes	Teaching experience at elementary level and as a T.V. teacher for the Educational Network; gained some administrative experience as supervisor for county school system.
MD	42%/40%	Yes	Elementary school teaching experience; administrative experience as a Follow Through Program advisor.
MI	74%/72%	No	Elementary school and college level teaching experience; administrative experience at university level in supervising student teachers.
NJ	Withdrew 1976	No	Teaching experience at elementary level, experienced in training teachers; administrative experience as assistant principal; bilingual.
NY	Withdrew 1975	ND	Bilingual specialist; native of Puerto Rico.
TX	42%/79%	Yes	Experience at preschool and elementary levels; no administrative experience; bilingual.
UT	**	Yes	Elementary school teaching experience; administrative experience as supervisor of language arts and social studies for public school system; has served as consultant and volunteer in educational topics.
WA	52%/70%	ND	Elementary teaching experience; administrative experience as a curriculum specialist.
WV	74%/84%	Yes	Classrom teaching experience; experience in teaching of handicapped children gave her the background needed for PDC mainstreaming concept.

**Site could not be visited in 1977. ND = No data

Table 23

Tabulation of Parent Involvement Coordinators' Backgrounds and Implementation Ratings

Site	% High IRI Subcomponent Ratings (obj/judg)	Mean IRI Rating for Parent Involvement (obj/judg)	From Community?	Background
AZ	Not Rated	Not Rated	Yes	Worked as head resident assistant at Navajo Community College; bilingual.
CA	45%/42%	2.7/3.3	Yes (3 yrs)	Worked in Head Start as a community aide; has day care center experience; bilingual.
CO[1]	**	**	Yes	Parent Coordinator for Head Start; has been Head Start teacher, parent and aide; bilingual.
CT	84%/84%	3.3/3.7	Yes	Head Start administrative experience in supervising parent involvement and coordinated career development; experience in planning and conducting inservice training.
FL	23%/13%	1.8/2.3	Yes	Outreach aide 1: Worked as nurse's aide, working toward L.P.N.
			Yes	Outreach aide 2: Substitute teaching experience.
GA[1]	**	**	Yes	Teaching experience at elementary level; administrative experience as day care center director and as Head Start parent involvement coordinator; supervisor for social workers.
IA	39%/21%	3.0/3.3	Yes	PI Coor. 1: Volunteer in Head Start classrooms; chairperson of School Advisory Council.
			Yes	PI Coor. 2: Volunteer in elementary school; worked at junior high level as school-home liaison officer.
MD	42%/40%	2.4/2.3	Yes	Experience as assistant teacher; worked with Head Start program as a social service assistant; administrative experience as chairperson of Community Action Committee.
MI	74%/72%	3.5/4.0	Yes	Community experience as a community relations worker for another federal program; parent volunteer in Ethnic Center, taking child development classes.
NJ	Withdrew 1976	Withdrew 1976	Yes	Head Start volunteer; attended Head Start training sessions; administrative experience as PTA president, community involvement (Den Mothers, County Voting Committee).
NY	Withdrew 1975	Withdrew 1975	ND	No data.
TX	4^{5}2%/79%	3.1/3.7	Yes	Has worked as school nurse since 1964; bilingual; many ties to community.
UT[1]	**	**	Yes	Administrative experience as PTA president; active in community affairs; volunteered in schools (attended training sessions for volunteers).
WA	52%/70%	3.1/4.0	Yes	Administrative experience as Head Start Council Chairperson and as Follow Through Parent Coordinator.
WV	74%/84%	2.6/3.3	Yes	Volunteered in elementary school classrooms; administrative experience as chairperson of PTA.

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[1] Based on data collected in the 1975-76 school year.

ND = No data. **Site could not be visited in 1977.

history, information is reported on the coordinator at the time of the last site visit (winter 1977 for most sites; spring 1976 or 1975 for others). The table shows that most coordinators came from an elementary school position prior to PDC, and that most had had prior administrative experience. The coordinators at two sites--Florida and Connecticut--had had experience working at both the Head Start and elementary levels. Several of the coordinators were not from the PDC community.

There was considerable divergence of opinion among the sites as to just what it took to be an effective PDC coordinator. Most agreed, though, that knowing the community was less important for a PDC coordinator than knowing the school system and how to make things happen within it. Similarly, the technical skill of the coordinator, while occasionally helpful, did not seem to be particularly critical either. Several coordinators pointed to many differences between an administrator of established programs and an implementor of innovative programs such as PDC. The change agent must be especially conscious of the system with which he or she is interacting; he or she must know and understand existing regularities in that system, and be able to plan appropriate steps to alter them. Because PDC is so frequently outside the established lines of authority in the schools, coordinators said they often had to rely upon the informal devices of charisma, influence and persuasion to effect changes.

For coordinators, then, the evidence does not seem to support the third hypothesis above. There is some support for the first two, but nothing approaching a consensus on either. Rather, if any patterns are to be derived from the data, they would be that (a) the coordinators at highly rated sites all had prior administrative experience[1] and (b) all were from and familiar with the school district bureaucracy. Although it rarely occurred, additional experience with Head Start seemed also to help.

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[1] Texas would appear to be an exception to this pattern were it not for the unique "dual coordinator" system employed for most of the first three years. Under this system the instructional supervisor (who later became the coordinator) assumed responsibility for all classroom-related coordination; the nominal coordinator was responsible for liaison with the district administration.

The backgrounds of the parent involvement coordinators (Table 23) were equally diverse. All were from and familiar with the PDC community and agreed that this was of considerable importance for a parent involvement coordinator. Several projects took as parent involvement coordinators elementary school parents who had been active volunteers in the school and, in several cases, were former or present PTA presidents. Other sites drew upon the Head Start program and employed former Head Start parent coordinators for PDC. The data suggest that, in general, the latter solution was the more successful in terms of implementation. The single most important characteristic for successful parent involvement coordinators seemed to be an ability to deal effectively not only with parents, but also with teachers and administrators. Of the four sites with the highest ratings for parent involvement--Michigan, Washington, Texas, and Connecticut--all but Texas had as parent involvement coordinators individuals with prior professional experience as a paid coordinator of parent activities (in Washington, the coordinator was the former Follow Through parent coordinator).

Implementation Strategies, Events and Activities

Within the basic framework provided by the *Guidelines*, each site developed its own unique program, employing strategies considered appropriate or necessary by local staff. As shown in Chapter IV, sites diverged considerably in their approaches to PDC. In this section we consider the implications of some of these decisions for the later experience and ratings at each site.

Program organization. The manner in which the various PDC programs were organized provided the structure within which the substantive PDC activities occurred. Numerous features of this organization were outlined in the *Guidelines*, although specific manifestations of these basic features were left for sites to develop locally. Thus, for example, the *Guidelines* required that "a formal system for involvement of PDC staff in the administrative structure of the school must be operational" (p. 10); they did not, however, specify what this formal system should look like.

Programs were constrained in their selection of organizational structures by the structures which existed prior to PDC. Some of these constraining factors have been described already. Sites, for example, where Head Start and PDC had traditionally been under separate administrations had fewer options than those where both had been administered from the same office. In any event, whether the product of circumstances or design, the manner and clarity with which local sites delineated these lines of authority were hypothesized to have a significant effect on projects' implementation of PDC:

> *Sites at which the PDC coordinator has formally defined positions of authority within the organizational structures of the Head Start and elementary programs will have higher levels of implementation in all component areas.*

Table 24 summarizes some of the data relevant to this hypothesis. These data suggest that there were five basic administrative patterns that characterized the PDC sites:

- Type A (California, Florida, Utah):

  PSL sites. The PDC staff operates in a kind of "limbo" between the Head Start and elementary programs administratively. PDC coordinator generally had no supervisory authority at either level.

  Average % of IRI subcomponents rated highly:

  Objective--34%
  Judgmental--28%

- Type B (Maryland,[1] Texas, Washington, West Virginia):

  ECS sites. PDC coordinator was either the principal or the equivalent to an assistant principal with considerable direct authority over teachers at both Head Start and elementary levels.

  Average % of IRI subcomponents rated highly:

  Objective--53%
  Judgmental--66%

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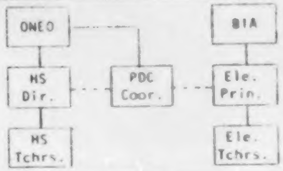
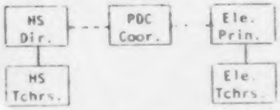
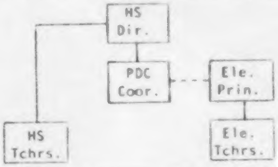
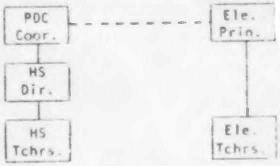
[1] Maryland is a special case within this general type because as of the third program year, the ECS principal was effectively the PDC coordinator.

Table 24

Tabulation of Features of Program Organization and Implementation Ratings

SITE	MODEL	% High IRI Subcomponent Ratings (obj/judg)	Organizational Pattern	Does the PDC coordinator or education component coordinator have direct supervisory authority[1] over PDC teachers?		Are PDC, HS, & Elementary administrators & teaching staffs located in the same building?
				HS Teachers	Ele. Teachers	
AZ	PSL	NOT RATED	 ONEO BIA HS Dir. PDC Coor. Ele. Prin. HS Tchrs. Ele. Tchrs.	NO	NO	**NO.** *HS administrative staff are located in the tribal offices many miles from the 3 centers; PDC staff are located in a separate building on the campus of the BIA-PDC elem. school.*
CA	PSL	45%/42%	 HS Dir. PDC Coor. Ele. Prin. HS Tchrs. Ele. Tchrs.	NO	NO	**NO.** *PDC staff are in district offices adjacent to elem. school; HS director is in county bldg; HS and elem. teachers are in separate buildings.*
CO[2]	PSL	**	 HS Dir. PDC Coor. Ele. Prin. HS Tchrs. Ele. Tchrs.	NO	NO	**NO.** *Project includes 2 schools and each houses its own HS and elem. teaching and administrative staff. PDC staff are located elsewhere.*
CT	PSL	84%/84%	 PDC Coor. Ele. Prin. HS Dir. HS Tchrs. Ele. Tchrs.	NO	NO	**NO.** *HS in 1 building; elem. administrators and teachers in each of 3 schools; PDC staff in central administrative building. Bilingual component coordinator located in one of the PDC elem. schools.*

[1] "Supervisory authority" can be a confusing term. Informal authority can sometimes be stronger than formal authority and formal authority is often not exercised. In this case, "direct supervisory authority" means that if the PDC coordinator (or PDC education component coordinator) saw something in the instructional activities of a classroom that they wanted changed, they would speak directly to the teacher about it without going through the building principal, Head Start director, or some other non-PDC administrator or supervisor.

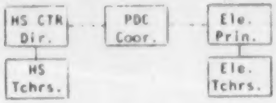
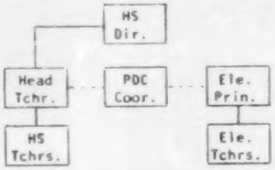
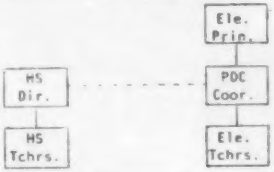
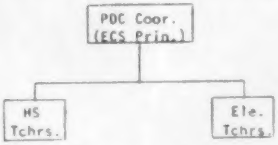
[2] Based on data collected during the 1975-76 school year. Without OMB forms clearance only nine sites could be visited in 1976-77 (see introduction for more detailed explanation).

———— Lines of authority

**Site could not be visited in 1977.

-------- Lines of coordination/communication

Table 24
(Continued)

SITE	MODEL	% High IRI Subcomponent Ratings (obj/judg)	Organizational Pattern	Does the PDC coordinator or education component coordinator have direct supervisory authority[1] over PDC teachers?		Are PDC, HS, & Elementary administrators & teaching staffs located in the same building?
				HS Teachers	*Ele. Teachers*	
FL	PSL	23%/13%	 HS CTR Dir. PDC Coor. Ele. Prin. HS Tchrs. Ele. Tchrs.	NO	NO	NO. *Project includes schools and centers in 2 communities. PDC office is separate from schools and centers. HS and elem. classes separate. HS center directors located in each of 2 participating centers.*
GA[2]	PSL	**	 HS Dir. Head Tchr. PDC Coor. Ele. Prin. HS Tchrs. Ele. Tchrs.	NO	NO	NO. *The PDC office is in the HS center, but separate from the elem. school administration and teaching staff.*
IA	ECS	39%/21%	 Ele. Prin. HS Dir. PDC Coor. HS Tchrs. Ele. Tchrs.	NO	YES	NO. *PDC coordinator is located in bldg. with HS and elem. staff. HS director and resource staff are located in district offices.*
MD	ECS	42%/40%		YES (The board of education has designated the bldg. principal as PDC administrator; PDC coordinator has no direct authority.)	YES	YES. *The elem. principal administers the HS program within his school.*

[1] "Supervisory authority" can be a confusing term. Informal authority can sometimes be stronger than formal authority and formal authority is often not exercised. In this case, "direct supervisory authority" means that if the PDC coordinator (or PDC education component coordinator) saw something in the instructional activities of a classroom that they wanted changed, they would speak directly to the teacher about it without going through the building principal, Head Start director, or some other non-PDC administrator or supervisor.

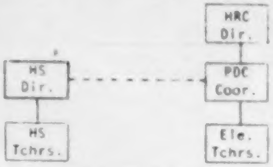
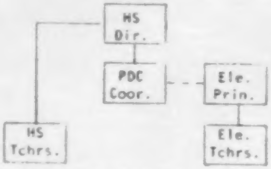
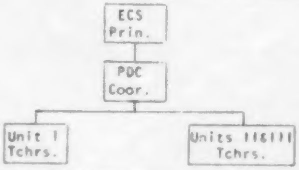
[2] Based on data collected during the 1975-76 school year. Without OMB forms clearance only nine sites could be visited in 1976-77 (see Introduction for more detailed explanation).

——— Lines of authority

-------- Lines of coordination/communication

**Site could not be visited in 1977.

Table 24
(Continued)

SITE	MODEL	% High (R) Subcomponent Ratings (obj/judg)	Organizational Pattern	Does the PDC coordinator or education component coordinator have direct supervisory authority[1] over PDC teachers?		Are PDC, HS, & Elementary administrators & teaching staffs located in the same building?
				HS Teachers	Ele. Teachers	
MI	ECS	74%/72%	 HRC Dir. HS Dir. PDC Coor. HS Tchrs. Ele. Tchrs.	NO	YES (only in PDC program matters)	YES. *Although the HS director relocated across the street for program year III. Until PYIII, HS and elem. classes were in separate wings of the ECS.*
NJ[2]	PSL	WITHDREW 1976	 HS Dir. PDC Coor. Ele. Prin. HS Tchrs. Ele. Tchrs.	NO	NO	NO. *HS centers and elem. school are separate. PDC staff located in HS administration building.*
NY[3]	PSL	WITHDREW 1975	ORGANIZATIONAL PATTERN NOT ESTABLISHED FOR THE IMPLEMENTATION YEAR.	NO	NO	NO. *HS in 2 buildings; elem. admin. and teachers in elem. school; PDC staff housed in HS administration building.*
TX	ECS	42%/79%	 ECS Prin. PDC Coor. Unit I Tchrs. Units II&III Tchrs.	YES	YES	YES. *The elem. principal administers the HS program within his school.*

[1] "Supervisory authority" can be a confusing term. Informal authority can sometimes be stronger than formal authority and formal authority is often not exercised. In this case, "direct supervisory authority" means that if the PDC coordinator (or PDC education component coordinator) saw something in the instructional activities of a classroom that they wanted changed, they would speak directly to the teacher about it without going through the building principal, Head Start director, or some other non-PDC administrator or supervisor.

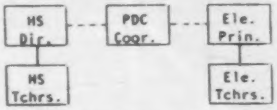
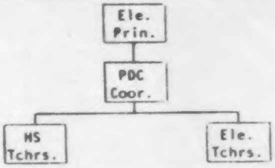
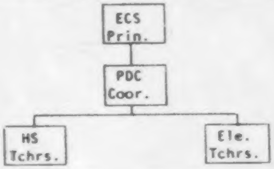
[2] Based on data collected during the 1975-76 school year. Without OMB forms clearance only nine sites could be visited in 1976-77 (see Introduction for more detailed explanation).

[3] Based on data collected during the 1974-75 school year.

——— Lines of authority

-------- Lines of coordination/communication

Table 24
(Continued)

SITE	MODEL	% High IRI Subcomponent Ratings (obj/judg)	Organizational Pattern	Does the PDC coordinator or education component coordinator have direct supervisory authority[1] over PDC teachers?		Are PDC, HS, & Elementary administrators & teaching staffs located in the same building?
				HS Teachers	*Ele. Teachers*	
UT[2]	PSL	**	 HS Dir. PDC Coor. Ele. Prin. HS Tchrs. Ele. Tchrs.	NO	NO	**NO.** *HS classes and administrators are located in 1 bldg. PDC staff are located in 1 of the 3 PDC elementary schools.*
MA	ECS	52%/70%	 	YES	YES	**NO.** *The HS director is located in the district administration building.*
WV	ECS	74%/84%	 	YES	YES	**NO.** *Project includes 2 ECSs (1 block apart) that share a single principal. PDC administrative staff are in same area with schools.*

[1] "Supervisory authority" can be a confusing term. Informal authority can sometimes be stronger than formal authority and formal authority is often not exercised. In this case, "direct supervisory authority" means that if the PDC coordinator (or PDC education component coordinator) saw something in the instructional activities of a classroom that they wanted changed, they would speak directly to the teacher about it without going through the building principal, Head Start director, or some other non-PDC administrator or supervisor.

[2] Based on data collected during the 1975-76 school year. Without OMB forms clearance only nine sites could be visited in 1976-77 (see Introduction for more detailed explanation).

———— Lines of authority

-------- Lines of coordination/communication

**Site could not be visited in 1977.

- Type C (Arizona, Colorado, Georgia, New Jersey):

  PSL sites, with something other than the school district as the delegate agency. Generally no direct authority at either level, but more influence at Head Start.

  Average % of IRI subcomponents rated highly:

  None rated

- Type D (Iowa, Michigan):

  ECS sites. PDC coordinator clearly within the elementary chain of command with authority over elementary teachers, but outside the Head Start chain.

  Average % of IRI subcomponents rated highly:

  Objective--57%
  Judgmental--47%

- Type E (Connecticut):

  PSL site. PDC coordinator was directly above the Head Start director administratively. School district was the delegate agency for both Head Start and PDC. PDC coordinator exercised no direct supervisory authority over teachers but had considerable influence.

  Average % of IRI subcomponents rated highly:

  Objective--84%
  Judgmental--84%

Types A, C, and E are variations on the basic PSL model; types B and D are variations of ECS.

The pattern seems unmistakable: with the singular exception of Connecticut, the highest ratings for implementation were received by the sites with the Type B pattern, followed closely by those with Type D. The lowest ratings were in Type A. No ratings were obtained for any of the sites in the Type C group, but one--New Jersey--withdrew and a second, Arizona, is known from the case studies to have experienced some delays in implementation. Although Type B and Type D sites were very close in the ratings, staff at both sites in the latter group said that the lack of clear authority at the Head Start level had been a continuing source of difficulty for them and for their programs. At all ECS sites except West Virginia the PDC staff was housed with Head Start and elementary teachers. In Georgia and Utah the staff was housed either with the Head Start teachers (in Georgia) or in an elementary school (Utah), but not with both. At all other PSL sites and West Virginia the PDC staff was separate from both Head Start and elementary teachers. Staff at most sites agreed that any but the first of these arrangements created problems for implementation. Since PDC is supposed to foster communication and coordination at both levels, it was generally felt to be advantageous for the PDC personnel to be in close physical proximity to both sets of project participants. There were exceptions to this, though. In Connecticut and California, for example, staff felt that they had been helped because they were located in the district administrative offices. Although they were separate from the teachers, the close association with district officials helped build needed understanding and support among key individuals.

Most local PDC staff, whether at PSL or ECS sites, felt that the program would work best when confined to a single location. Even staff from Connecticut, the highest-rated sites agreed that to work best the Head Start and elementary classes should be together on one campus. This sentiment was echoed by almost everyone--although many also said that to do so would be impossible in their district.

Supportive principals and administration. The issue of support for PDC has surfaced several times already; if it did not exist when PDC began, all evidence suggests that it had to be built for implementation to succeed. Consequently, the following specific hypothesis was formulated:

> *Sites at which the PDC program and staff enjoy the full and active support of district officials, the elementary school principal, and the Head Start director will have higher implementation levels in all component areas.*

We would expand this hypothesis to include teachers and personnel at the district and grantee levels as well.

The evidence supporting the hypothesis is overwhelming. No site was able to achieve high levels of implementation without support from these key stakeholders. Since the importance of teacher support has already been discussed at some length, we will confine ourselves here to consideration of support from building and district administrators. Several coordinators mentioned the central position of the elementary school principal in the success or failure of implementation. According to them, the principal is key; if he or she does not want something to happen in the school, it will not happen. Staff in Iowa also referred to the principal as an important buffer between the program and the rest of the school district and community. With his or her support, PDC can be protected during its crucial early stages from pressures, demands and criticism from outside; without that support the program can be very vulnerable. In California, the active support from a principal trying to encourage integration of the Head Start and elementary programs more than made up for lukewarm support from the district.

The effects of support or lack of support at the district and grantee levels were also apparent. In Connecticut, for example, firm support from the district made it possible for PDC to obtain release time for training, a special corps of training substitutes for PDC classes, a child care center for parents, and parents as instructional aides in the classroom. In Georgia, support from the district helped convince reluctant teachers to participate in implementation. In contrast, in Iowa, a lack of support from the Head Start administration early in the project made it difficult for PDC staff to accomplish much with teachers at that level, even though they were housed together in the elementary school.

Active support from the various administrators associated with PDC seems to have become even more important at sites where the PDC coordinators lacked formal authority at one or both levels. With this support, it became possible for PDC coordinators to function as though they had the supervisory authority because the principal or center director essentially delegated this authority to them.

Since few sites were blessed with universal support from the outset, the critical question becomes, "What can and did PDC programs do to build or maintain support in key sectors?" There is, of course, no one answer to this question, but several have been alluded to already: wide participation in all phases of planning helped, as did voluntary selection by teachers, principals, and Head Start center directors. Extensive training under the sponsorship of PDC seemed also to contribute, as did favorable coverage in the local media. Thus, the evidence indicates that, while of critical importance, support was not immutable; the programs that were able to implement their plans were also those that were given support initially or won it through skillful manipulation of the resources available to them.

Divisions of labor. Although the PDC Guidelines specified certain staff positions which had to be filled and responsibilities which had to be delegated, the actual staffing patterns selected by sites to comply with these requirements varied considerably. Table 4 in Chapter IV detailed some of the staffing assignments at each site; in this section we consider the relationship between those divisions of labor and implementation levels.

Three hypotheses dealt with divisions of labor:

> *Sites at which the implementation of each component is assigned to a particular individual will have higher implementation levels in the components so assigned.*
>
> *Sites at which no single individual is responsible for the implementation of more than two components will have higher implementation levels in the component areas so assigned.*
>
> *Sites at which a specific individual is responsible for the implementation of a given component at both the Head Start and elementary levels will have higher implementation levels in the component areas so assigned.*

The evidence relevant to each of these hypotheses is summarized in Table 25. These data, and the reactions of site personnel to the hypotheses, generally support each of these hypotheses. Across all sites visited in 1977 there were only two components that were both rated highly and had not been assigned to the same person for both Head Start and elementary levels. Every other component receiving a high rating was assigned to a specific person who had responsibility at both the Head Start and elementary levels. Further, of the four sites with the highest overall ratings, only one had more than two components assigned to any one individual; the two sites with the lowest ratings each had several components under the responsibility of the PDC coordinator.

Table 25

Tabulation of Divisions of Labor and Implementation Ratings

Site	Model	% High IRI Subcomponent Rating (obj/subj)	Assignment of Component Responsibilities						Is Any One Individual Responsible for the Implementation of More than Two Components?
			Education	Bilingual Bicultural	Handicapped	Parent Involvement	Developmental Support Services	Training	
AZ	PSL	Not rated	○	--	--	●	●	ND	No
CA	PSL	45%/42%	--	☐--	☐○	●	☐●	●	No
CO	PSL	**	ND	ND	ND	ND	ND	ND	No Data
CT	PSL	84%/84%	☐●	☐●	☐●	●	☐●	☐●	No
FL	PSL	23%/13%	●	●	●	●	○	●	Yes. PDC Coordinator: Educ., BL/BC, DSS, Train.
GA	PSL	**	ND	ND	ND	ND	ND	ND	No Data
IA	ECS	34%/12%	○	●	○	●	○	●	Yes. PDC Coordinator: Educ., Parent Inv., Train.
MD	ECS	42%/40%	☐●	☐●	●	●	☐●	●	No
MI	ECS	74%/42%	☐●	--	●	☐●	☐●	☐●	No
NJ	PSL	Withdrew 1976	ND	ND	ND	ND	ND	ND	No Data
NY	PSL	Withdrew 1975	ND	ND	ND	ND	ND	ND	No Data
TX	ECS	42%/79%	☐●	☐●	☐●	●	●	●	No
UT[1]	PSL	**	--	--	--	--	--	--	No
WA	ECS	52%/70%	☐●	●	●	☐●	●	●	No
WV	ECS	74%/84%	☐●	☐●	☐●	●	☐●	☐●	No

[1] Based on data collected during 1975-76 school year. ND = No data.

KEY:

☐ = Component rated highly (≥ 3.5) on either the objective or judgmental scales.

● = Specific people are responsible for the component and their responsibilities span both Head Start and elementary levels.

○ = Assigned to specific people at each level, but no one has responsibilities that span both levels.

---- = Component not assigned to specific people at either Head Start or elementary levels.

**Site could not be visited in 1977.

The hypotheses are most strongly supported by the opinions of PDC staff. Almost everyone agreed that it was important that each component be assigned to a specific individual, although the coordinator in Michigan added that problems arise when those individuals are classroom teachers with limited time available. Most also agreed that one individual should not have responsibility for more than one component, although some learned this through painful experience. In every case where concentration of responsibility occurred--Florida, Iowa, and Michigan--it was concentrated in the hands of the PDC coordinator. Besides bestowing more work than any one individual could handle, this concentration meant that fewer participants were being given substantive roles in the project. This in turn prevented teachers and others from developing a sense of "ownership" in PDC and may have contributed to lower levels of support from those staff.

Connecticut tempered its support for this second hypothesis somewhat by saying that, while dispersion of responsibility is necessary in the beginning when there is much to do, responsibility can be consolidated into fewer hands after the project is underway.

Most sites also agreed with the third hypothesis, although the projects' patterns of organization constrained their options in this area. In Utah, the parent involvement coordinator said during the 1976 site visit that this division of responsibility had in many ways isolated her from Head Start parent involvement activities and resources, thus hurting her own performance. One of the few dissenting opinions on this hypothesis came from California, where staff said that it was necessary to have separate people at the two levels because the programs and needs are so different that no one person could ever hope to span them.

Lines of communication. Aside from establishing lines of authority and responsibility, sites also, in their organization had to address the formal or informal lines of communication that would prevail during PDC. More attention was devoted in the Guidelines to this issue than to any other--the necessity for establishing these channels was continually reiterated. The following hypothesis was therefore posited:

> *Sites at which procedures for frequent and regular communication between all participating groups have been formally established will have higher implementation levels in all component areas.*

Information relevant to this hypothesis is included in Table 3 in Chapter IV, where procedures for communication between the PDC Council and constituent groups are described and in Table 5, where procedures for ensuring continuing refinement of the curriculum are described. Because so many of the procedures were mandated by the Guidelines, it is difficult to relate their presence to overall implementation without first knowing whether the procedures in fact functioned as planned. Overall, it does appear that sites with effective communication systems had higher implementation in other areas of PDC. In Connecticut, the PDC Council provided a forum for all participating groups to meet and discuss issues of the project; the effectiveness of this body in part accounted for the generally high levels of implementation found at that site. Similarly, in Texas the Individually Guided Education approach (IGE) prescribed a committee known as the Program Improvement Committee (PIC). The PIC had representatives from each unit, the ECS principal, resource staff, and, as of Program Year III, parents. The committee met weekly to discuss any problems or issues that affected PDC. Formal procedures were also prescribed for communication of PIC discussions to the various constituencies. By all accounts, this committee was enormously successful; its impacts were felt in all program areas.

Sites were unanimous in their support for the hypothesis, although several said that *informal* communication is more important within the building and that the formal channels are only necessary between the Head Start and elementary levels, or between parents and program staff. Staff in California supported the hypothesis in principle, but added that with all the federal programs in the schools and centers, certain people can be spread over just too many committees, each of which is required by the respective program's guidelines.

Involvement in planning activities. Continuing the reasoning that prompted the earlier hypothesis regarding the effects of participation in planning year activities and later implementation, the following was proposed:

> *The greater the number of individuals involved in the planning of component implementation strategies, the higher will be the implementation levels in those component areas.*

Without interviewing teachers and parents, systematic evaluation of this hypothesis was impossible. However, some unsystematic and anecdotal data are available. Most sites seemed to involve teachers broadly in planning activities, sometimes assigning actual responsibility for planning in some areas to teachers. Where this was not done, problems often arose.

Sites varied considerably in the extent of parent involvement in planning for component activities, and there appears to be a mild relationship between extent of involvement in the parent involvement component and rated implementation levels for that component. Michigan, Maryland, and Washington had the highest parent involvement ratings, and Michigan and Washington both had major involvement of parents at both the Head Start and elementary levels. Other sites with major parent involvement, however, had only low to moderate degrees of implementation.

Continuity of staffing. Because PDC was a complex program that unfolded over time, turnover among teachers, principals, center directors, and PDC staff seemed both inevitable and potentially harmful. Thus, the following hypothesis was proposed:

> *Sites at which there has been a continuity of staffing will have higher implementation levels than sites at which staff have been replaced.*

Again, no systematic data on turnover were collected, but anecdotal evidence abounds. Six sites had different PDC coordinators at the end of the third program year than they had when the project began, but since these changes either occurred quite early in the project (Florida, Michigan and Arizona), or resulted in the promotion of someone already participating in the project to the role of coordinator (Texas, Utah, and Maryland), they do not appear to have affected implementation.

Several sites experienced turnover in other key staff positions, however, with the effect generally of impeding implementation. In Florida, for example, the developmental support services coordinator left and was replaced by a developmental support services outreach person. This change meant that more of the PDC coordinator's time had to be devoted to this component as the new person learned the job, and this in turn took time from other activities.

Several sites had heavy turnover among PDC teachers. In Michigan, for example, almost all of the PDC teachers left the program after the planning year. This turnover meant that, for all intents and purposes, planning had to begin anew in the second year. In Maryland there was a 40% mobility rate among teachers and parents; according to staff, this turnover made a big difference.

Turnover among principals was also fairly common, but this helped as often as it hurt programs because, according to PDC staff in California, Utah and Maryland, the new principals were younger, more sympathetic, and more community-oriented.

Because of this turnover, it cannot be assumed that any project was fully matured at the end of the third year, in the sense that all participants were seasoned in PDC ways. The process of enculturating new participants never-ends and affects planning, training, and other school activities.

The PDC curriculum: development vs. adaptation vs. retention. The following hypothesis was prompted by the observation that, given the complexity and scope of the PDC endeavor, full implementation required more work than could realistically be accomplished in the time given. Therefore, sites that purchased major components of their programs would be able to free staff to work in other component areas, while at the same time providing teachers with a tested approach to school and classroom activities that complied with the *Guidelines*. Also, it was reasoned that the purchase of existing programs would bring in outside consultants and trainers to assist in implementation--again freeing staff for other activities. So, this hypothesis was not confined only to the education component; rather, it was suggested that adoption of existing approaches would help in all areas.

> *Sites which purchased and adapted existing program models and approaches (e.g., curricula, diagnostic systems, management systems) will have higher implementation levels in all component areas.*

The hypothesis was qualified, though, by the assertion that these purchases might only provide an initial implementation advantage that could disappear over time.

Table 26 illustrates the relationship between how the curricula were developed or selected and implementation levels both within the education component and overall. The data indicate that the hypothesis as stated was quite wrong: the highest overall levels of implementation were attained by the two sites that undertook their own curriculum development, and these sites also had slightly higher ratings for the education component. Sites using the curricula that existed prior to PDC, although only slightly lower than the others on the education component ratings, were rated far lower on overall implementation than sites which developed their own curriculum.

Several points seem to emerge both from these data and from sites' responses. First, for the third group of sites in Table 26, implementation in the education component meant essentially keeping what was there; implementation for the first two groups meant some kind of change. Since implementation was being measured by the ratings, and not by extent of change, both those who changed and those who stayed the same received fairly high ratings in that component. Second, those who kept the existing curriculum seemed to have done so for one of two reasons: either the existing curriculum already conformed to most of the Guideline requirements (Washington and Michigan), or district policies mandated standard elementary curricula for all schools (Florida and Maryland). Third, among those that changed (that is, the sites that purchased or developed their own curricula), all engaged in considerable local curriculum development and revision. Although they purchased "models," Texas, California, and Iowa adapted those basic models extensively.

This third observation, and sites' reactions to the hypothesis, lends strong support for the principal finding from the Rand study (Berman & McLaughlin, 1975) that the process of successful educational change is almost always characterized by a considerable degree of mutual adaptation; unless teachers and local site personnel engage in such adaptation, successful innovation rarely occurs. Everyone--even those sites that purchased curricula--agreed that it is essential to combine and adapt to create something appropriate to and "owned" by local participants. For sites that purchased a curriculum the purchase simply provided them with a starting point for their adaptation. Sites developing their own curriculum chose to begin by picking and choosing from a number of curricula that applied to local needs.

Table 26

Tabulation of Approaches for Selecting PDC Curricula and Implementation Ratings

	Site	IRI Ratings		Mean Ratings for the Group	
		Education (obj/judg)	Overall^1 (obj/judg)	Education Component	Overall^1
Developed own Curriculum	CT	3.8/4.0	84%/84%	3.8/3.9	79%/84%
	WV	3.8/3.8	74%/84%		
Purchased and Adapted Commercial Product	CA	3.2/3.5	45%/42%	3.4/3.6	42%/47%
	IA	3.3/3.5	39%/21%		
	TX	3.7/4.0	42%/79%		
Used Existing Curriculum	FL	3.3/3.0	23%/13%	3.6/3.5	48%/49%
	MD^2	3.7/4.0	42%/40%		
	MI	3.7/3.0	74%/72%		
	WA	3.6/4.0	52%/70%		

---

[1] Percentage high ($\geq$ 3.5) ratings on IRI.

[2] Maryland did develop its own multicultural unit.

Sequencing of implementation activities. The Guidelines were quite clear on the issue of sequencing implementation:

> All Head Start through third grade classes in the demonstration Head Start centers and elementary schools participate in Project Developmental Continuity. Implementation is total for all of these grade levels and for all component areas as of the beginning of the implementation year [Program Year II]. Project Developmental Continuity is not a phase-in program whereby all components are implemented on the Head Start level the first year, the kindergarten level the second year, and so on, nor is it a program whereby one or two components are implemented at all grade levels the first year with other components being phased in gradually [PDC Implementation Year Guidelines, p. 4].

During the second program year it appeared obvious that no site was able to comply with this requirement. In part, this was due to the inherent complexity and scope of the task, and in part, it resulted from the fact that sites were limited during the planning year in the demands for time and effort that could be placed on future PDC staff. Often, as in California and Texas, key staff were not even hired or identified until well into the planning year. Consequently, the following hypothesis was proposed:

> *Sites which adopted a plan in the first two months of Year II for sequential implementation of PDC requirements will have higher implementation levels overall than those which attempted to achieve full implementation immediately.*

"Plans" were hard to identify at most sites. Generally, the decision to sequence was forced on staff by the press of events and quickly became recognized by all involved. Few programs had comprehensive plans developed, but most, when asked, could say that they were, for example, developing the language arts curriculum this year and would focus on mathematics next year.

The "lesson" most consistently mentioned by personnel during the last site visit was that they would not embark on an endeavor like this again unless some strategy for sequencing implementation was agreed on. Staff in California, for example, felt that a plan to sequence by grade levels was superior, with complete implementation of all components occurring each year at a new grade level. The present system, they said, meant that in the first year third grade PDC teachers had to act as if their children had had PDC all along, when in fact the PDC approach was quite different for those children. "If you start with kindergarten," they said, "then other teachers know that it's coming and can get ready for it."

Connecticut and Texas, in contrast, would have preferred sequencing implementation according to component areas; priorities would be established in the beginning and these would determine which components and needs get addressed first, and which would be addressed in subsequent years. Staff in Iowa said that they would have both kinds of sequencing.

Training for teachers and parents. Not included among the original hypotheses were any that addressed the impact of training upon implementation of PDC. Information from sites and from the literature, though, would seem to suggest that training is a powerful determinant of implementation. Fullan and Pomfret (1977), for example, cite a study by Solomon showing that teachers who received the maximum training scored 10% higher on a measure of implementation than those who received minimal training.

Table 27 shows the extent of training received by teachers and parents in various topical areas prescribed in the *Guidelines*. According to this table, the four sites that received the highest average ratings--Connecticut, West Virginia, Washington, and Michigan--had most of their teachers or parents (81-100%) participating in training almost twice as often as the four lowest rated sites, and the contrast in training participation is even greater when the two highest rated sites are compared with the two lowest. It should be remembered, though, that extent of participation in training was an important component of the IRI rating, and thus itself contributed to the ranking of sites according to implementation. Also, some sites maintained more complete records than others, so the data in Table 27 are also influenced by diligence in record-keeping.

Several sites commented on the importance of training in their project. In West Virginia, for example, staff said that having parents in the classroom was a novel concept for parents and teachers alike. Extensive training for both teachers and parents on parental roles and activities in the

Table 27
Tabulation of Training and Implementation Ratings

Site	Model	% High IRI Subcomponent Ratings (obj/judg)	Level	Training for Teachers					Training for Parents			
				Growth and Development	Individual Instruction	Working with Parents	Handicapped	Bilingual Multicultural	Overall	Decision-making[1]	For Classroom Volunteers	Handicapped
CA	PSL	45%/42%	HS	●	●	○	○	●	●	--	●	●
			ELE	○	○	◑	○	●	○	--	◑	--
CT	PSL	84%/84%	HS	●	●	●	●	◑	◑	◑	●	●
			ELE	●	●	●	●	◑	●	●	●	●
FL	PSL	23%/13%	HS	●	○	●	●	●	○	--	○	--
			ELE	--	--	--	--	○	--	--	○	--
IA	ECS	39%/21%	HS	ND	--	●	--	--	○	○	--	--
			ELE	ND	◑	●	--	○	--	○	--	--
MD	ECS	42%/40%	HS	●	●	--	●	●	--	--	--	●
			ELE	●	●	--	--	●	○	--	--	●
MI	ECS	74%/72%	HS	●	●	●	●	●	○	○	●	●
			ELE	●	●	●	●	●	○	◑	●	●
TX	ECS	42%/79%	HS	--	●	●	●	●	◑	--	◑	○
			ELE	--	●	●	●	●	◑	--	●	○
WA	ECS	52%/70%	HS	--	●	--	--	●	○	○	--	--
			ELE	--	●	--	--	●	○	○	--	--
WV	ECS	74%/84%	HS	○	○	●	●	●	○	○	●	●
			ELE	●	●	●	●	●	●	●	●	●

Key:

● = Almost all or all (81-100%) attended at least one training session.

◑ = Most (51-80%) have attended at least one session.

○ = Some (21-50%) have attended.

-- = None or few (0-21%) attended, or no training was offered.

[1] For training in decision-making the criteria for the above symbols were: > 25 parents; 10-25 parents; < 10 parents; none.

ND = No data.

classroom was needed to make it work. Staff in Texas and Connecticut commented that training by its very nature increased participation in the program, both for parents and teachers; the more training received by these groups under the sponsorship of PDC, the more ownership they felt for the project and its objectives.

The role of technical assistance. The actual roles played by the technical assistants at each PDC site have not been well documented in this study. The following hypothesis was prompted primarily by the description of the desired role for technical assistants in the original Guidelines, and partly by the literature on other programs which have had to implement a program that has not been highly specified.

> *Sites at which the technical assistant monitors project implementation of the Guidelines and facilities local interpretation of general guideline requirements will have higher implementation levels in all component areas.*

Since systematic data are not available on the evolution of the technical assistants' roles through three years and two training and technical assistance (T&TA) contracts,[1] only sites' reactions to this hypothesis are summarized in Table 28. These reactions suggest a variety of responses to the technical assistant. Several felt that the technical assistant staff had been valuable, even though their role did not conform to that outlined in the hypothesis. Others said that technical assistance was superfluous, and that the money would have been better spent hiring local consultants. Overall, as might be expected, sites' reactions to the technical assistance depended almost entirely on the specific characteristics and skills brought to each site by its technical assistant. Some of the sites' early experiences were not positive, but a new technical assistant in Year III brought a more positive reaction; for other sites, the opposite was true.

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[1] A brief description of the roles played by the two T&TA contractors can be found in Chapter II in the discussion of PDC as a national program.

Table 28

Site Responses to the Hypothesis:
Sites at which the technical assistant monitors project implementation of the Guidelines and facilitates local interpretation of general guideline requirements will have higher implementation levels in all component areas.

Site	Reaction to Hypothesis	Site Comments
CA	Agree	Year II TA interpreted Guidelines for PDC staff. Found it helpful. New TA has functioned as enabler.
CT	Disagree	Staff now more comfortable with the TA. Using her resources in curriculum development.
FL	Agree	But this did not happen initially.
IA	Disagree	TA often had no better idea than the PDC staff of how to implement Guidelines.
MD	Agree	Information he has obtained has been helpful, but he is not there enough.
MI	Disagree	It's difficult for outsiders to come in and interpret for the community.
TX	Disagree	PDC staff went through proposal and identified where they wanted to use TA. Dissatisfied with technical assistant in the first year, but satisfied in Year III. TA did training in sensitivity to handicapping conditions and math. Feel it would be better, though, to spend the money locally.
WA	Disagree	Technical assistants do not spend enough time on site to monitor implementation. PDC coordinator must do that.
WV	Agree	Feel its healthy to have an outsider who reviews guidelines and starts staff thinking; TA person is a good resource.

Summary of Factors Contributing to Implementation

This chapter has considered a large amount of complex information that bears on 38 hypotheses about factors affecting the implementation of PDC. This information is extremely difficult to summarize, in part because there is no systematic way of taking into account the complex interactions of factors. Table 29, however, attempts to summarize this information by displaying the factors, events, or strategies that have had the greatest influence on the implementation of the PDC Guidelines. This information is organized according to the four areas on which this chapter's discussion has focused. Although it is difficult to compare the relative influence of the factors in different areas, the presentation in this chapter does suggest that some have been more important than others. In particular, a number of elements in the PDC setting and certain aspects of implementation strategies have most strongly influenced the success with which the Guidelines have been implemented in the first three years. The factors which, in our judgment, have been most important are taken into account in arriving at our overall conclusions in Chapter VI.

Although this listing of factors influencing implementation provides a valuable perspective from the experience of all PDC sites, program administrators are most interested in applying this information to individual sites. Although it might seem that a successful site would simply be the one with the most factors present, the reality is somewhat more complex. The factors were not simply additive. For example, factors listed in the left-hand portion of the table (such as prior relationship between Head Start and elementary programs) constrained those to the right (such as PDC staff having authority at both Head Start and elementary levels). The interaction of factors worked in other ways as well. The presence of one factor could often more than compensate for the absence of another (for example, if participation in proposal writing had not been broad, an effective coordinator could make up for this by having broad participation in ongoing planning groups, or by carefully including the elementary school principal and Head Start director in the PDC communication network). It is hoped that the details provided in the tables and text of this report, along with the rich, descriptive information of the planning year case studies and Year III implementation reports, will permit each reader to draw inferences and apply this information to particular circumstances.

Table 29

Four Sets of Factors, Events, and Strategies that Contributed to Implementation During the First Three Years

THE PDC SETTING	LOCAL INITIATION OF PDC	PLANNING YEAR ACTIVITIES	IMPLEMENTATION STRATEGIES, EVENTS AND ACTIVITIES
Location in a mid-sized community and school district Some prior relationship between Head Start and elementary programs (joint administration, geographic proximity, emphasis on continuity) Pre-existing district philosophies, priorities, legislation, programs that are similar to or compatible with PDC At least a minimal number of existing community resources High concentrations of minority groups in the schools or centers (affecting bilingual/multicultural components only) High concentration of Head Start graduates in elementary classes High number of minorities in positions of authority (affecting bilingual/multicultural components only) Minority groups actively seeking to maintain their own language or cultural traditions (affecting bilingual/multicultural components only) Favorable parental attitudes toward schools and federal programs and traditions of parent involvement in schools	Broad participation by Head Start and elementary parents, teachers, and administrators in the first proposal writing School district designated the Head Start delegate agency (primarily affecting the start-up period)	Planning began early Teachers, parents, administrators involved in planning High number of planning tasks completed Teachers participated voluntarily or at least given the option to transfer Teachers experienced in instructional approaches analogous to PDC Coordinator with experience as an administrator Mostly younger teachers participating Key staff experienced in educational change Key staff familiar with the workings of the school district and Head Start programs Parent Involvement coordinator from the community and with professional experience involving parents in schools or centers, rather than experience only as a volunteer	PDC staff given line authority at both Head Start and elementary levels PDC staff housed either with the elementary teachers or with school district staff PDC has full and active support from district officials, Head Start center director, principal Components assigned to specific individuals No individual has responsibility for more than two components Component responsibilities span both the Head Start and elementary levels Procedures for regular and frequent communication are formally established Many participants involved in planning activities Project has had continuity of staffing Sites developed or purchased curriculum, or willingly kept existing curriculum Sites have had a large amount of training for participants

VI

SUMMARY AND CONCLUSIONS

As we stated at the outset, after three years PDC is alive and well. Each of the projects visited has survived the critical start-up period and has gone on to make a noticeable difference in the local educational community. In this chapter we will first summarize what was reported in chapters III and IV about the current status of PDC implementation activities and then reflect briefly on what has been learned about how to study the implementation of a program as large and multi-faceted as PDC. The final section will list and discuss some overall conclusions about the process of PDC implementation.

The Status of PDC Implementation

Considerable variation in ratings and activities was one of the most obvious findings from the Implementation Study. When this variation was analyzed some interesting patterns emerged. These patterns, with respect to the major program components, are summarized here.

Education. Each of the projects has developed or adopted a curriculum that can be applied from Head Start through third grade. A few sites decided to purchase and adapt existing curriculum "packages," while others chose to develop their own curricula by making major changes in existing Head Start or school curricula. Several other sites decided that they already had curricula that fulfilled the PDC guidelines. By these varying means, almost all sites received high implementation ratings in the education component. Thus, whatever other emphases a site may have had, it seems that classroom instruction was paramount.

Bilingual bicultural and/or multicultural education. The sites that were designated as bilingual demonstration programs were much more likely to implement an approach to bilingual education that could be classified as a "maintenance" program (i.e., conscious efforts were made to maintain the children's mother tongue at the same time they were learning English); the approach of most sites, however, could be characterized as either ESL (English as a second language) or transitional bilingualism (in which the native language was used for instruction only at the Head Start level).

Services for handicapped children. Mainstreaming of handicapped children in regular classes at both Head Start and elementary school levels was evident at all sites. The comprehensiveness of services for handicapped children, however, seemed to be more a function of other state and local programs than of the efforts of PDC.

Parent involvement. There was considerable site-to-site variation in parent involvement ratings. The variations reflected both differences in program emphases and local obstacles to achieving parent participation when it was actively sought. The PDC projects have been more likely to strive for parent participation in classroom activities than to emphasize parent involvement in substantive program decision-making. Head Start parents were generally more likely to be involved as classroom volunteers than elementary parents.

Developmental support services. There was considerable consistency across sites in this area. Most sites provided the required screening and follow-up services to Head Start and elementary children, provided at least some training for staff, and kept records in accordance with program guidelines.

Administration. Levels of implementation in this component depended on how well the PDC Councils functioned and the extent to which Council members participated in program policy decision-making. Only five sites had Councils that included all of the member groups required by the guidelines, and the size of the Councils ranged from 11 members at one site to 36 at another. Although the formal authority of Councils ranged from having decision-making powers to being strictly advisory, the "advisory" functions were often equivalent to decision-making. At most sites, elementary school parents, teachers, and administrators were better represented on the PDC Councils than Head Start parents, teachers and administrators. In one of the more interesting variations in PDC staffing patterns, it was found that PDC coordinators were, in some cases, responsible for only one program component--overall program administration--but at some sites coordinators were responsible for as many as three components.

Training. Training activities varied considerably across sites as each project attempted to meet guidelines requirements and its own needs in different ways. Some sites received high ratings for implementing all aspects of the training component; others focused their training in particular areas (e.g., training staff in parent involvement) and received high ratings only in those areas.

Some Methodological Conclusions

The central measurement task for the PDC Implementation Study was to develop a procedure for obtaining a common measure of the extent to which each local site had implemented the basic treatment described in the PDC *Guidelines*. This information was needed so that relationships between program implementation and child outcomes could later be investigated.[1] The Implementation Rating Instrument, the measure developed to meet this need, was never intended to be a substitute for qualitative descriptions and analyses of program implementation, but to be useful it had to yield ratings that faithfully represented sites' implementation. So, after using the instrument at nine sites, two methodological conclusions seem warranted.

With some qualifications, the IRI ratings do appear to reflect individual program implementation accurately.

Although the only evidence for the accuracy of the IRI ratings is found in comments from local project staffs and evaluation site visitors familiar with the projects, there was agreement among these sources that in most cases the profiles produced by the IRI did correspond to the achievements and activities of the programs measured and did reflect much of the variation across sites. There were several areas, however, in which the IRI was not particularly sensitive to important differences between programs. Two such areas were the PDC curriculum and diagnostic systems. All projects were highly rated in these areas, but there were important differences among curricula that were obscured. Additionally, the objective ratings for parent involvement seemed in general to be too low when judged against the actual accomplishments of projects. For future applications we would recommend modifying the objective criteria that were used for determining the levels of parent involvement.

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[1] Preliminary analyses exploring implementation-impact relationships were carried out on 1976-77 data and are reported in Volume 3 of Interim Report VII.

It must be emphasized that the ratings were intended to provide a common measure of the extent to which local projects had implemented a program approximating what was described in the Guidelines. They do not, except to the extent judgmental ratings allow for mitigating circumstances, tell how much change has been wrought by PDC, nor do they reveal the quality of the treatment provided to children, except to the extent quality may be reflected in the quantitative indices. Almost certainly, the accuracy of the ratings would have been greater if data could have been collected from a larger number of people from a larger sample of sites. But within their limitations, the ratings appear to have met the need for which they were developed.

More attention should be paid to site specific goals, to classroom processes, and to issues of change in future studies of PDC implementation.

This study, in general, viewed the implementation of PDC from the perspective of the program Guidelines. As such, the basic research questions had to do, first, with the extent of implementation, then with the nature of that implementation, and, finally, with the factors or forces that affected that implementation. This perspective resulted in underrepresentation in the study of several issues. First, differences in the specific objectives of individual projects have not been explored systematically. Initially, at least, there seemed to be little reason for doing so. In a survey of local sites during the planning year there was considerable uniformity among sites with respect to their local goals, and these "local" objectives generally echoed those expressed in the Guidelines. As projects have matured, however, they have also come to have clearer perceptions of their own local objectives, and these are by no means the same across all sites. Future studies of PDC implementation must be made more sensitive to these differing objectives in their descriptions and analyses of implementation.

Second, because PDC was and is a large and multi-faceted program, limitations in evaluation resources meant that the precise nature of the different curricula and diagnostic systems used by projects in their classrooms could not be fully explored, except in interviews and brief observations. Since projects have concentrated so much of their energies and resources on classroom activities, we would recommend that in future studies these be examined and described in some detail.

Finally, although issues of change are implicitly present throughout the present study their absence from the implementation ratings, although perhaps justifiable given the purposes of the ratings, must be kept in mind when interpreting findings. It is too easy to infer from a moderate rating that a site has only been moderately "successful" in its efforts, when in the face of local conditions that rating may in fact represent a significant achievement. Future revisions of the IRI should consider ways to make the ratings sensitive to these issues without diminishing the original purpose of comparing sites' activities with the PDC Guidelines requirements.

Some Conclusions About the Process of PDC Implementation

This report has discussed a large number of hypothesized determinants of implementation that had initially been drawn from the experience of a few sites in Year II; most of these hypotheses were supported by the experiences of the larger number of sites in Year III. On the basis of the considerations reviewed in Chapter V, eight general conclusions about PDC implementation are suggested. It should be reemphasized that these are *interim* conclusions. PDC is only three years old, and the coming years may radically alter these findings.

1. No single factor or event was sufficient to "make" or "break" a project; only combinations of factors operated to influence implementation.

Although each hypothesized determinant of implementation was considered separately in the last chapter, factors in fact acted in concert to shape programs. No one event, circumstance, or tactic by itself was so overwhelming in its influence that it could not be countered by another. For example, the lack of formal organizational authority for PDC staff in most cases was a crippling disadvantage to programs, but sometimes the disadvantages were overcome through careful nurturing by PDC staff of relationships with key district and Head Start administrative personnel. Similarly, although it generally hurt a project to have teachers who had no teaching experience using approaches like those prescribed by PDC, there were exceptions. If those teachers were participating in PDC voluntarily, using an entirely new curriculum, this novelty often seemed to help because it built an esprit among them and a conviction that they were at the vanguard of local education.

2. The single most powerful set of determinants of implementation during the first three years was the educational and community setting for each project.

No PDC project began with a blank slate. Each had to plan and operate within a framework created by local history, attitudes, organization, programs and policies. Several of the more potent aspects of that context were discussed in the preceding chapter: where Head Start and elementary programs were historically distinct both spatially and administratively, PDC was rarely able to create effective linkages; where existing programs or district priorities were compatible with PDC, implementation in those areas was greatly facilitated. This does not mean that every project's fate was sealed before it began (on the contrary, some sites were able to score notable successes in spite of an initially inhospitable environment, while others encountered severe problems despite a fertile setting); instead, the setting tended to determine which avenues were open for program development during these first three years and which were basically closed regardless of the good intentions of staff.

This second conclusion would appear to have at least two implications: First, comparisons of implementation ratings across sites can be misleading if the differences in setting are ignored; a site receiving low IRI ratings compared with others may in fact have done exceptionally well, considering the context within which PDC was placed. Second, one must be cautious in thinking of any site providing a model program for future projects. Since no two settings are identical, it is doubtful whether any of these programs could be transplanted to a new setting without substantial modification.

3. *The second most important set of determinants of implementation was the background, creativity, and initiative of PDC staffs.*

No personality profiles were discovered in this study for the ideal PDC coordinator, or for the ideal PDC staff person. The range in interests and backgrounds was considerable. Yet, aside from the setting, the efforts of the staff were the most frequently cited reason for successful implementation. An effective and energetic staff in several cases was able to make up for disadvantages created by circumstance. While the optimum staff person was not identified, several characteristics of the PDC and parent involvement coordinators were found to be helpful. First, effective coordinators tended to be from and intimately familiar with the organization and workings of the school district. The best PDC coordinators were astute politically and able to anticipate the reactions of others to their own or staff members' actions and decisions. The preferred background for parent involvement coordinators, on the other hand, seemed to be one that involved professional experience working with parent volunteers in schools. Former PTA presidents, though a logical choice for the position, seemed generally to lack the necessary familiarity with teachers and administrators.

4. *In general, Early Childhood School sites were able to implement the PDC Guidelines more readily during the first three years than were Preschool-School Linkage sites.*

The designation of sites as ECS or PSL model programs was almost entirely a function of context. In every case except one, this designation was based on whether the Head Start centers were already housed within the elementary schools. Because of this, we did not include model designation as a determinant of implementation levels in Chapter V, since designation usually meant applying a label to a condition that already existed.

There are a number of reasons why the ECS approach seems more conducive to successful implementation, at least during these first three years. Most obviously, since PDC is intended to bring about coordination between the two programs, it helps to have them physically close already. Further, at every site designated an Early Childhood School, Head Start and elementary programs were already being administered jointly by the school district. Consequently, there was a greater likelihood that the PDC staff could be given real authority at both levels. In short, the ECS approach reduced the complexity of the coordination task. Even staff at the one PSL site with high implementation ratings said that their task would have been greatly simplified if theirs had been an Early Childhood School.

Of course, this initial advantage for ECS sites may turn out to have been only temporary. We may find that once the initial impediments to effective coordination are overcome, PSL sites can implement PDC programs as smoothly as ECS sites.

5. The planning year was a critical factor in the implementation of PDC.

This conclusion comes more from the reactions of site personnel than from any systematic data. The effects of the planning year appear to have gone far beyond whatever products or strategies were planned. It provided the future implementors of PDC a protected time to coalesce, to clarify their expectations regarding the project, and to generate the necessary support and enthusiasm for PDC. There were a number of problems mentioned regarding the planning year: staff at some sites were hired late; teachers at others were tied down by classroom commitments that kept them from participating fully in planning. But despite its shortcomings, nearly everyone agreed that the presence of this year was one of the most significant features of PDC.

6. When some form of planned sequencing of implementation was adopted, sites made more rapid progress in their areas of focus.

Project Developmental Continuity was a large and complex undertaking for any site. The planning year helped sites to prepare for it, but did not allow them to complete all of the substantive planning that was needed. In fact, every site eventually decided to sequence its implementation efforts. However, the early effort to do everything at once (as the Guidelines demanded) resulted more often than not in frustration, or temporary paralysis.

7. Implementation proceeded most rapidly where administrative legitimacy for PDC staff had been established at both the Head Start and elementary levels.

Administrative legitimacy here means license for the PDC team to plan and implement. Such legitimacy was not uncommon during these first three years among the PDC sites at either the Head Start or the elementary levels, but the highly implemented sites tended to possess it at both levels.

The individual factors discussed in Chapter V could combine in several ways to create legitimacy. The most direct route was to select as a PDC site an elementary school that already housed a Head Start program, that was under the administrative authority of the building principal, and then install the PDC coordinator as the equivalent to an assistant principal with direct supervisory authority over PDC Head Start and elementary teachers. Even this approach, though, did not ensure legitimacy unless the building principal supported the project. Support from the principal was often created by involving him or her in the planning of the project from the earliest possible moment, and by continuing that involvement through the planning and implementation years. Vigorous support from the school district for the aims and decisions of PDC staff also contributed to legitimacy, and was often fostered best by the informal contacts that resulted from housing PDC staff in district administrative offices.

Of course, legitimacy was not only legislated, it had to be maintained by skillful performances from PDC staff. In fact, in some sites legitimacy was established without the basic structural supports described above solely on the basis of the personal relationships negotiated by the PDC coordinator with participating principals and center directors.

8. *Implementation proceeded most rapidly where a sense of "ownership" of PDC had been established among staff at both the Head Start and elementary school levels.*

In the two sites where PDC failed to endure even into the third year, it did so in large measure because teachers and administrators in the elementary school came to view it as a Head Start program being imposed upon them by outsiders. Where it has been implemented successfully, this success has in large measure come because teachers, principals, center directors, and parents felt that it was "their" program, that they helped to create it and had a stake in its success. Like legitimacy, these feelings of ownership can be created in many ways.

Context seems important. Where the environment was already predisposed toward a project like PDC, it was more likely that participants at both levels embraced it. Similarly, where local attitudes or policies ran counter to PDC, ownership was harder to build. Broad participation in decisions and planning seems essential for building ownership; teachers, parents, principals, or center directors were more inclined to work for something they helped create. This may be why it seemed to help for projects to design their own curricula. The new curriculum may or may not be pedagogically superior to the old, but the fact that teachers participated in its development meant that it was "theirs" and they therefore worked harder for its implementation.

Training sponsored by PDC also seems to have built ownership, especially when the target audience (parents, teachers, etc.) participated in its planning. A communication system that kept all informed of events in other sectors of the project seems also to have helped. Voluntary participation by teachers and building administrators was desirable, but in most cases impossible. If voluntary participation by teachers was not possible, the next best thing was to permit those who wished to transfer out of the program. By all accounts it was immensely difficult to create ownership among teachers who had no option about participating in the project.

A Final Comment

Project Developmental Continuity provided a framework for planning and a direction which gave sites the freedom to adapt, to create, and to develop programs suitable to their own situation. A number of programmatic successes emerged from this framework as a result of particular sets of individuals working under unique sets of circumstances. Although the products of these efforts are not "models" that other people in other settings can replicate, they will provide useful starting points for planners of future programs.

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APPENDIX A

SITE IMPLEMENTATION SUMMARIES

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APPENDIX A

SITE IMPLEMENTATION SUMMARIES

In this Appendix, the implementation ratings for each of the nine sites visited are presented and explained. For each project there is a graph showing the objective and judgmental ratings in each subcomponent preceded by a summary account of the data that prompted the ratings. Additional descriptive information about each program can be found in Volume 2 of this report, Site Implementation Reports.

In addition to the limitations discussed earlier, readers of these accounts should remember that the data on which these ratings were based were collected in January-March 1977. A few months can often produce dramatic changes; activities that were rated absent in March may have been implemented by May, and processes well underway in February may have faded by April. Where plans for future activities were known they were taken into account in the ratings, but activities that were planned after the visit, of course, were not.

Individual site reports with their accompanying IRI ratings were sent to the PDC sites for review and PDC staff members were asked to report any factual errors or disagreements over interpretation. Most comments from the sites that responded have been incorporated here in two ways: where the corrections were of factual errors or of obvious mistakes in interpretation, the text has been rewritten to reflect the new information. However, when a site responded with interpretations of the data that differed from ours, the original text has been left unchanged and the site comment has been added as a footnote to the text.

Since the IRI ratings were based on the joint judgments of the site visit team and summarize many pieces of data, the IRI profiles for most sites were not altered as a result of site feedback. An exception to this general rule occurred in Florida where site comments revealed an error in the rating criteria for one component that did not occur at any other site.

The California Site (A Bilingual Bicultural Demonstration Project)

The county Head Start director was one of the moving forces behind the California site's decision to participate in PDC, and inasmuch as bilingual bicultural education had been a theme of the Head Start programs under her direction, it became an organizing theme of the PDC program as well. Almost 90% of the children in the PDC elementary school are Hispanic, but since the families of many have lived in the area for one or more generations, English is the language spoken by most (about 90%) of the children. Thus at this site the purpose of emphasizing the Spanish language and Hispanic culture is not only to improve instruction for Spanish-dominant children, but also to reaffirm the heritage of the English-dominant Hispanic children.

Before PDC, a bilingual education program of sorts was already operating in the elementary school, under federal funding. Thus the local climate was generally receptive to PDC, with its perceived bilingual bicultural emphasis. However, some dissent was encountered initially. There were parents, Hispanic and non-Hispanic both, who preferred that the school not alter its orientation to the Anglo culture, which they wanted their children to embrace. Some of the PDC elementary school's teachers also expressed objections to the program, and two felt strongly enough to transfer elsewhere. The principal, however, supported the program, and the school district administration was cooperative. The cooperation may be due in part to the fact that the County Department of Education is the PDC grantee and the local school district is the delegate agency. This implicit endorsement by the school system has been a positive factor in the program's development, since it has given PDC a foundation in the public school organization as well as in the Head Start organization. California's PDC program is the stronger for having these dual roots. And having taken root as a bilingual bicultural education initiative, to which the community was receptive, it was probably somewhat easier for the program to branch out thereafter into activities related to the various other components of PDC--easier, at least, than it might have been if all components had been emphasized equally to begin with.

PDC began in California with one major hindrance, though: the site was not selected by ACYF until December, 1974--six months later than the other sites--and thus had six months less time to prepare for implementation in 1975. The hasty organizing necessitated by this late start has been characterized by the PDC coordinator as "jumping from childhood to adulthood without adolescence." Locating and retaining PDC staff has been a second problem. Turnover of personnel in the component coordinator positions has disrupted continuity of effort and increased the load borne by those remaining. But despite these complications, the operation of California's PDC program can be said to be quite faithful to the spirit and the letter of ACYF's program Guidelines.

Administration. The composition and operation of the PDC Council generally follow PDC Guidelines. However, the training provided to the Council in areas such as decision-making procedures is informal. When training occurs, it tends to be interwoven with other committee activities--it is basically training-on-the-spot rather than preconceived instruction. The effort to seek outside funding was less intensive than objective ratings make it seem: funds for bilingual education are available to the school from the State of California, and obtaining them is a routine matter. External funding of PDC has been discussed with local school district officials, but the matter has not been pursued to conclusion.

Education. Numerous provisions have been made for ongoing discussion of the PDC curriculum, but these discussions tend to involve few Head Start or elementary parents. Furthermore, the involvement of Head Start and elementary school personnel is not uniformly high, and the degree of collaboration across these two organizations is relatively low. But since formal curriculum models have been substantially installed at both levels, there may be less need for discussion than there would be if these matters were still to be decided.

Services for bilingual bicultural and/or multicultural children. At the time of the last site visit, California was seeking to fill the position of bilingual bicultural education coordinator, the previous coordinator having left. Those who have held the position in the past, however, have performed fully in keeping with the criteria established by the Guidelines. Plans and procedures exist for providing curriculum training to the Head Start and elementary staffs, but PDC staff turnover has disrupted these training activities. But even without regular guidance, the bilingual bicultural program is proceeding actively in the Head Start and elementary school classrooms, among both English-dominant and Spanish-dominant children. Parental participation has been widely encouraged, but the number of parents who have responded is smaller than staff wish.

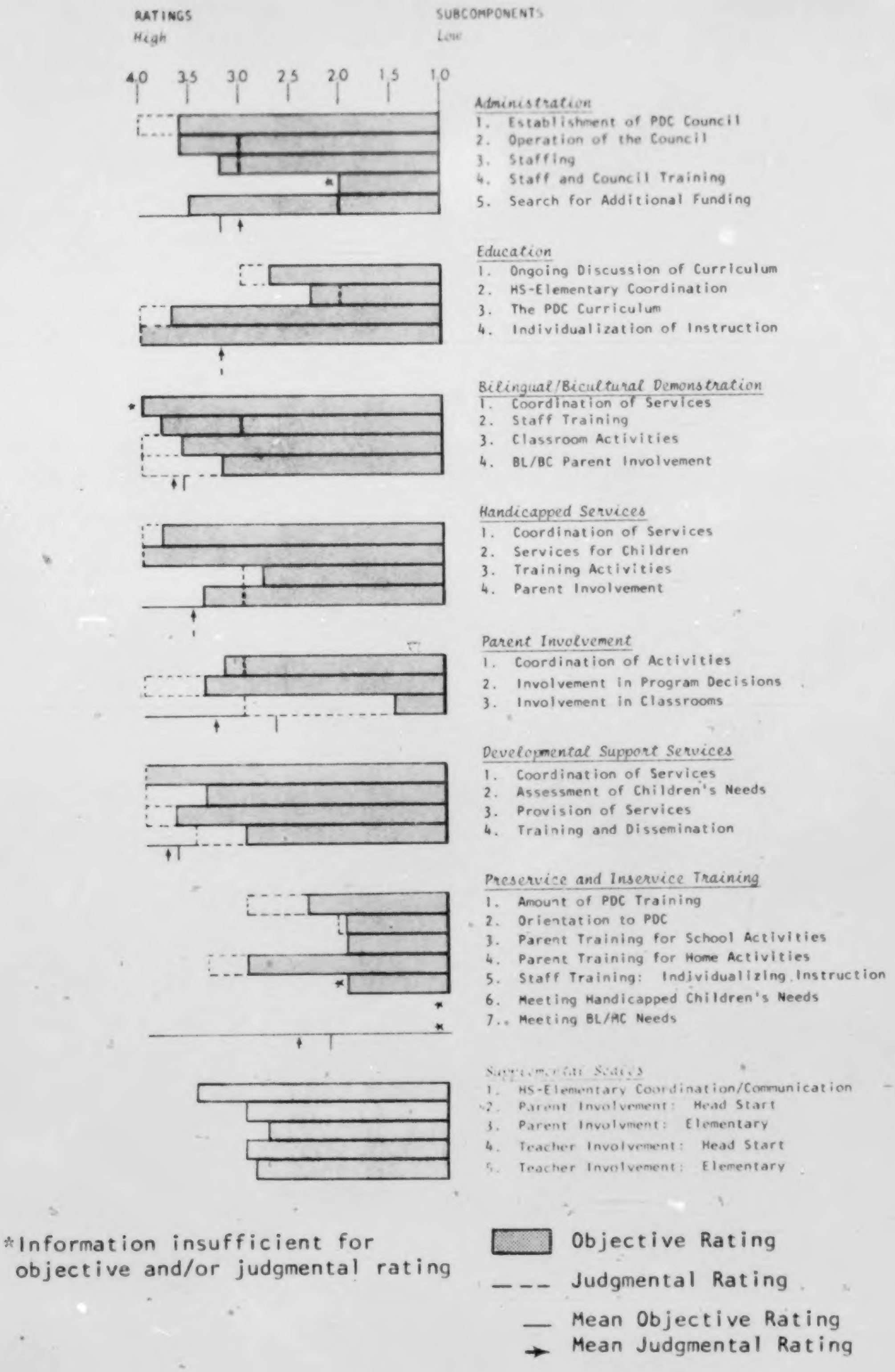
Services for handicapped children. A coordinated program of services for handicapped children has been developed and can be considered fully implemented, with the single qualification that less training has been provided to staff and parents than is specified in the *Guidelines*. Training has been provided to classroom teachers on a case-by-case basis by the specialists who deal with each handicapped child, rather than being provided in pre-planned group sessions.

Parent involvement. Parent involvement activities have been energetic and regular at both the Head Start and elementary levels, but there has been relatively little cross-level organization of these activities. Parental involvement in decision making does not surpass the standard used in the Implementation Study, but is impressive by the standards that an ordinary visitor might use. The same is true of parental involvement in classroom activities: parents are involved less fully than they could be, but the degree of involvement appears substantial, thus accounting for the higher judgmental rating on that subcomponent.

Developmental support services. All elements of this component have been implemented essentially as prescribed: a coordinated program of services has been developed, screenings have been conducted for most children in most of the stipulated areas, commensurate support services have been provided, and training in health and nutrition has been conducted for parents and teachers (although some stipulated elements of training have not been attended to--explicit training in nutrition for teaching staff, for example).

Training. California did not maintain elements of the optional record-keeping system so that much of the information needed for rating training activities was not available. Judging by the records that are available, and by what was learned in interviews relating to other components, the formal training prescribed by the PDC *Guidelines* has been less fully implemented than most other elements of California's program. Within the training component, IRI ratings were highest in the area of training parents for home activities and lowest in training parents for participation in school activities.

Figure A-1
IRI RATINGS: CALIFORNIA



The Connecticut Site

An overall goal for the PDC program in Connecticut was to create institutional change which would have impact on children and would increase outreach from the school into the community. The site comprises several ethnic groups and includes a large Spanish-speaking population. Prior to PDC some schools had developed and were using bilingual programs. The site also had a well-developed, comprehensive program for handicapped children and had been mainstreaming children with special needs for several years. Other programs already in effect were the Toy Lending Library and a strong philosophy of parent involvement with active parent participation at the Head Start level. The component areas in which strong programs were already established required less work to provide the required elements for PDC.

Nevertheless, there were obstacles which affected planning and implementation of some component areas. One obstacle was the uncertainty of funds for the bilingual bicultural program which delayed implementation. Another was the difficulty, at first, of involving professional persons in the support services component because of their busy schedules. Still another was the threatened teachers' strike during 1975-76 and the uncertainty of teachers working without a contract. The teachers' strike was averted and obstacles were overcome through the perseverance of PDC staff. Finally, the implementation task was further complicated by the large number of elementary schools (3) participating in the project.

Administration. IRI ratings for the administration component areas were extremely high with Council operation, staffing, training, and seeking additional funds at the top of the scale. The establishment of the PDC Council had a slightly lower rating due to the relatively poor attendance at Council meetings of Head Start Policy Council members and Head Start parents, and the minor role which they have taken in decision making and operation of the PDC Council. PDC staff said the lack of attendance was due to the large number of responsibilities and activities parents have at the Head Start center, although, it may indicate some hesitancy on the part of Head Start parents to become involved in the total PDC program. The Head Start director, although taking a major role in Council decisions, has attended only about 75% of the meetings and Board of Education representatives have taken only a moderate role in Council decisions and have attended 75% of the meetings.

Overall, Council members felt that the Council functions very well and is affecting change in the school system. Participation is encouraged at all meetings, members feel comfortable with each other and freely express themselves. The Council is viewed as a very important decision-making body, with members devoting much energy and time to carrying out the work of the Council.

Education. The education component IRI ratings were very high in the areas of curriculum development and for the development and use of a diagnostic and evaluative system but somewhat lower for ongoing discussion and communication between the Head Start and elementary schools. Ongoing discussion and communication for curriculum refinement for both Head Start and elementary takes place through the education task team which is responsible for developing and refining the educational approach. The team is composed of representatives from staff and parents of Head Start and the elementary schools, Head Start and school administrators, the CAP agency and the community, with all groups regularly participating. Approximately 10% of the Head Start parents have attended half the task force meetings and their involvement has been relatively minor, perhaps because these parents are involved in the Head Start center. PDC staff said that task team discussions have been very effective in guiding those elementary and Head Start parents, teachers and administrators involved toward a common view of the curriculum.

Communication and coordination between elementary and Head Start staff takes place through regular joint meetings, workshops and training sessions. Newsletters, task team notes and memos about various activities, training sessions and meetings also have been distributed on a regular basis. Communication is frequent, and about 75% of Head Start and elementary staff attend meetings and training sessions. PDC staff said the curriculum approach was being implemented in most classrooms. Coordination of the elementary and Head Start educational programs has been a top priority for PDC staff and overall implementation is high. Although the teaching approach used by Head Start and elementary teachers is quite similar, elementary classrooms tend to be more structured, teacher directed and subject-matter oriented than Head Start classrooms; consequently, training has been directed toward making the elementary school goals and philosophy more like the goals and philosophy of Head Start.

Services for bilingual bicultural and/or multicultural children. IRI ratings were very high for coordination, moderately high for training and moderately high for classroom activities and parent involvement.

Training for this component has taken place once a month covering staff sensitivity to the needs of the bilingual bicultural children, and identifying resource persons and materials. Activities included visiting the PDC bilingual program, affective education and values clarification, and a unit on Puerto Rico and its integration into other school activities. Materials from other bilingual programs have also been collected as resources. Although training has been comprehensive, only about 30% of elementary teachers, administrators and support staff have attended training sessions. On the other hand, all Head Start administrative and support staff have attended almost all of the sessions, and about half of the Head Start teachers have attended sessions. Head Start interest is high because of the addition of a bilingual classroom at Head Start last year, whereas interest at the elementary level is lower since only one of the three PDC elementary schools has a bilingual program.

A bilingual resource person has participated in classroom activities in all Head Start classrooms and almost all elementary classrooms this year. Bilingual and non-bilingual Head Start children work with the resource person daily, while elementary bilingual and Anglo children work with the resource person once a month or more. All the Head Start classrooms have bilingual bicultural and multilingual materials and participate in bilingual bicultural/multicultural activities daily. Most of the elementary classrooms contain materials and work with bilingual bicultural/multicultural activities less frequently.

Information on the long-range educational goals for their children has been obtained from bilingual bicultural parents. All bilingual bicultural parents have been contacted through telephone calls, parent conferences and home visits. Newsletters and memos and other written materials sent to parents are translated into Spanish. Interpreters are regularly available at the Head Start center and at the school containing the bilingual program. The other PDC elementary schools call in interpreters as needed. Many activities are held for both Head Start and elementary parents that focus on different cultural values and multicultural education. Elementary and Head Start parents also serve as resource persons for many activities; more than half of the paid aides at the Head Start center are bilingual bicultural parents, and about half the bilingual bicultural/multicultural Head Start and elementary parents have visited or volunteered in a classroom at least once.

Services for handicapped children. The IRI ratings for the handicapped component were very high in coordination, moderately high for services and training and moderate for parent involvement. Comprehensive services are provided for handicapped children and they are well-coordinated between Head Start and elementary schools. Handicapped children at both levels are based in regular classrooms but receive special instruction with a resource person either in the classroom or outside the classroom.

Provisions have been made for early diagnosis and evaluation of children with learning disabilities. No structural changes in the facilities or reorganization of classrooms have been made because the site has no children with disabilities that required such changes. Training for both Head Start and elementary teachers in working with the handicapped has been extensive, covering background on all handicapping conditions, special techniques for working with handicapped children and the use of specialized materials. Most of the Head Start teachers attended training sessions while only some of the elementary teachers attended these sessions.

Parents of Head Start and elementary handicapped children have been involved in curriculum planning, giving input from their experience with their handicapped children. Special training and support for parents of handicapped children has been provided to help them identify needs and find available resources in the community, but only some of the parents availed themselves of this training. Most parents of elementary children visited or observed in classrooms and almost all Head Start parents of handicapped children have visited classrooms.

Parent involvement. IRI ratings show that coordination of the parent program is very high while parent involvement in the classroom is moderately high and involvement in decision making is moderate. Both Head Start and elementary parents are members of the PDC Council but elementary parents have attended more meetings and have played a greater role in making decisions about the nature and operation of the PDC program than have Head Start parents. Head Start parents have been involved on task teams for all component areas, have been moderately involved in the training, developmental support services, parent involvement, and bilingual bicultural/multicultural components, but have had only minor involvement in making decisions in the handicapped and education components. Elementary parents, on the other hand, have had major involvement in making decisions in all component areas.

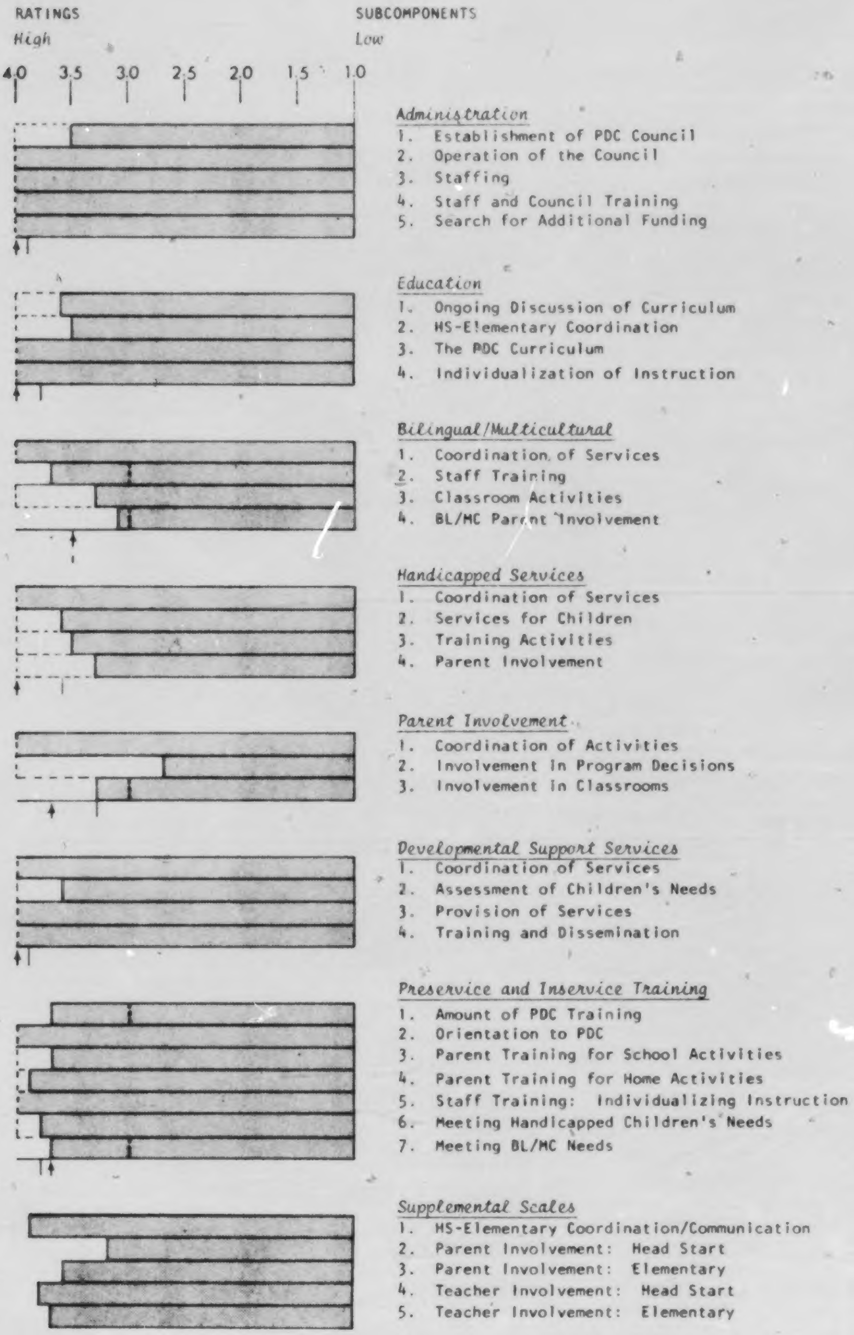
Parents have also volunteered or observed in classrooms at both the elementary and Head Start levels. At the Head Start level, 80% of the parents were involved in some way in the classroom, either serving as general classroom assistants, assisting at parties and on field trips, doing clerical work for teachers or making general observations. At the elementary level, 50% of the parents volunteered as classroom helpers, assisted in the remedial tutorial program, did clerical work for the teachers, participated in field trips and theatrical events, social events (class parties) and made observations. All parents at both levels received orientation, and most parents received classroom-related training. Teachers at both levels were involved in the training of classroom volunteers.

Developmental support services. IRI ratings for support services were very high, with the exception of assessment which was moderately high. All assessments had been made at the time of the site visit except tuberculin testing and the assessment of availability of food in the home. Tuberculin testing was to take place at the end of March, shortly after the site visit. Availability of food was not assessed because the site maintains a non-intervention policy in this area, as they consider this assessment an invasion of privacy. Upon request, assistance is given and steps are taken to provide the family with special help in budgeting, buying and consumer information.

Training. IRI ratings for the training component at this site were very high in all areas. Scheduled training for teachers, PDC staff, Council members and parents, training for parents to participate in this school, and bilingual bicultural/multicultural training received slightly lower ratings than the others.

Comprehensive training is planned and implemented at this site in all component areas. Where ratings were slightly lower it was due to attendance either on the part of teachers or parents. In the case of bilingual bicultural/multicultural component training, teacher attendance was only moderate with between 51 and 80% of Head Start and elementary teachers attending at least one training session. Since teacher attendance was high in other training areas, PDC staff thought it was due to the bilingual bicultural/multicultural program being in only one school and not a high priority for all teachers. Parent attendance at training sessions for participating in school activities was only moderately high with elementary parents attending more often than Head Start parents. Although many training sessions were held for exchange of information and discussion between PDC staff, teachers, parents and Council members, only 51-80% of Head Start parents attended at least one session with less than 10 attending all sessions. Almost all elementary parents attended at least one session and between 10 and 15 attended all sessions. It should be pointed out that because so many training sessions were held for parents it was virtually impossible for a parent to attend all or almost all of them.

Figure A-2
IRI RATINGS: CONNECTICUT



*Information insufficient for objective and/or judgmental rating

▨ Objective Rating

---- Judgmental Rating

— Mean Objective Rating

→ Mean Judgmental Rating

The Florida Site

NOTE: Florida was the first site visited during the 1977 data collection. Since at that time OMB forms clearance was expected momentarily, all of the planned data collection activities occurred during the one-week site visit. Because clearance did not come, this was the only site where a sample of PDC teachers was interviewed, the only site to which a complete team of four site visitors was sent, and the only site at which almost all IRI scales could be completed. Consequently, the implementation ratings for Florida are not directly comparable to those from other sites.

The Florida PDC program achieved generally moderate levels of implementation, although there was some variation between components. Implementation ratings were lower in administration and parent involvement, two areas that appear to be most affected by local circumstances. Because Florida PDC serves migrant children, participating families generally move away from the area from May to October. This situation creates a special challenge to PDC in the area of parent involvement, but PDC staff recognize this challenge and are committed to helping migrant children make a smooth transition from Head Start into the elementary schools.

Another key characteristic of the Florida program is its attempt to implement a single coordinated program in two separate communities. Even though the Head Start programs operate under the same grantee, having to work with two different school systems and two sets of community agencies creates administrative problems that have had to be overcome during the planning and start-up period. This situation may account for the relatively low ratings in administration, particularly in subcomponents relating to operation of the PDC Council and administrative training; meetings are simply more difficult to arrange.

A third important factor that has affected implementation in Florida is staff turnover. In the first two years of the program there was a change in PDC coordinator, developmental support services coordinator, and in chairpersons for several of the PDC Council subcommittees. This turnover has somewhat slowed progress that might have been made in completing some of the administration requirements.

Administration. Three administration subcomponents received high IRI ratings--establishing the PDC Council, operating the Council, and recruiting staff and assigning responsibilities for coordinating the component areas. From July 1976 to January 1977, the PDC Council met only twice. At the first Council meeting it was agreed that the Council would meet every other month, and that work-groups and subcommittees would meet when necessary to develop activities. The limited number of Council meetings is the basic reason for the low judgmental rating in the subcomponent relating to the operation and authority of the Council. There is no regular system for PDC program communication, but communication does occur through memos, telephone conferences, meetings, etc. According to the PDC coordinator, training in Council members' roles and responsibilities and program awareness was conducted at the two Council meetings; however, program records do not indicate that training was the purpose of these meetings. There was also no training in policy and decision making since it was not indicated as a need in a May 1976 assessment.[1] Thus, implementation was rated very low in this subcomponent area. Finally, although there had been some thought regarding the need to seek additional sources of funding, nothing concrete had been accomplished in this regard, and it is unlikely that PDC could continue in its present form if federal funds were no longer available.

Education. Two education subcomponents were rated as highly implemented and two were rated low to moderate. The Florida site has been most successful in actually establishing a coordinated PDC curriculum with its concomitant diagnostic and evaluative system. The educational philosophies of the Head Start and elementary school programs are similar in most respects and the curricula that have been implemented at each level satisfy the requirements of PDC. Commercial curriculum packages that are developmentally appropriate, emphasize basic skills, and include elements to foster physical and social-emotional growth have been adopted and are being used by teachers (apparently to their satisfaction) at both the Head Start and elementary levels. It appears, however, that the PDC program actually had only a minor role in the process of selecting and adopting these packages. The Bridge-to-Reading system was selected by the Head Start grantee for use throughout the program, and the Systematic Approach to Reading Instruction (SARI) used at the elementary level is a county-wide curriculum adopted in response to a state mandate. Built into these curriculum materials are procedures for diagnosing the developmental levels of children and planning appropriate learning activities. The PDC program did play a role in adopting the Carolina Profile and Portaguide to supplement the diagnostic-prescriptive materials at the Head Start level.

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[1] In their comments on this report, local PDC staff also indicated that 90% of the Council members already had experience in policy and decision making.

The high ratings on these two subcomponents may, ironically, account for the low ratings on the other two education subcomponents--ongoing refinement of the educational approach and communication between Head Start and elementary school staffs. The prime vehicle for discussion of the curriculum was a large workshop held in November and attended by practically everyone concerned with PDC (teachers, parents, staff and administrators). Discussions of the curriculum were held, and some refinements in its implementation were made (e.g., an exceptional children's center at one elementary school decided to begin using the Portaguide since it was being used in Head Start). The overall rating for this subcomponent was low, however, since discussions were somewhat sporadic, did not seem to be really ongoing, and only involved a small percentage of parents and teachers. Most people interviewed seemed to feel that the curriculum was set and that "refinements" would include only the usual adaptations for individual classrooms.

With respect to communication and coordination between the Head Start and elementary school staffs, the November workshop was the only formal opportunity for a meeting, and teachers from one of the communities did not attend. Head Start teachers appeared to know more about PDC activities than elementary school teachers.

Services for bilingual bicultural and/or multicultural children. The low to moderate ratings in the subcomponents of this area are primarily a function of program emphasis. There were no bilingual children at the Head Start level and very few at the elementary level. Services that were deemed necessary, however, were coordinated effectively and the program (that is, at the elementary level) appeared to be meeting the needs of its bilingual children. Multicultural activities, however, did not appear to be a high priority among persons interviewed. Materials were being selected for use in classrooms, and some training for sensitizing staff to the needs of multicultural children was held, but these sessions were attended primarily by Head Start staff.

Services for handicapped children. Within this component, Florida has been most successful in developing a coordinated program of services for handicapped children and in operating that program. PDC received low ratings, however, in providing training for staff and volunteers to work with handicapped children and in parent involvement in the program for handicapped children. Two school personnel coordinate services for handicapped children, community resources have been tapped, and an annual survey determines the kinds of services that will be required. The presence of a center for exceptional children at one of the elementary schools has helped PDC in this component since that center's staff and resources can help provide the type of services outlined by the PDC Guidelines.

Although training for teachers, staff and volunteers in understanding particular handicapping conditions and in working with handicapped children was held, a very small percentage of Head Start and elementary school teachers participated. Thus, although training was judged effective by those participating, the overall intensity of implementation activities in this subcomponent was judged to be low. Parent involvement was also low up to the time of the site visit, both in terms of parent input into planning appropriate educational activities for their handicapped children and in terms of participation in the classroom. Some parents (i.e., less than 50%) have visited classrooms and participated in a training workshop.

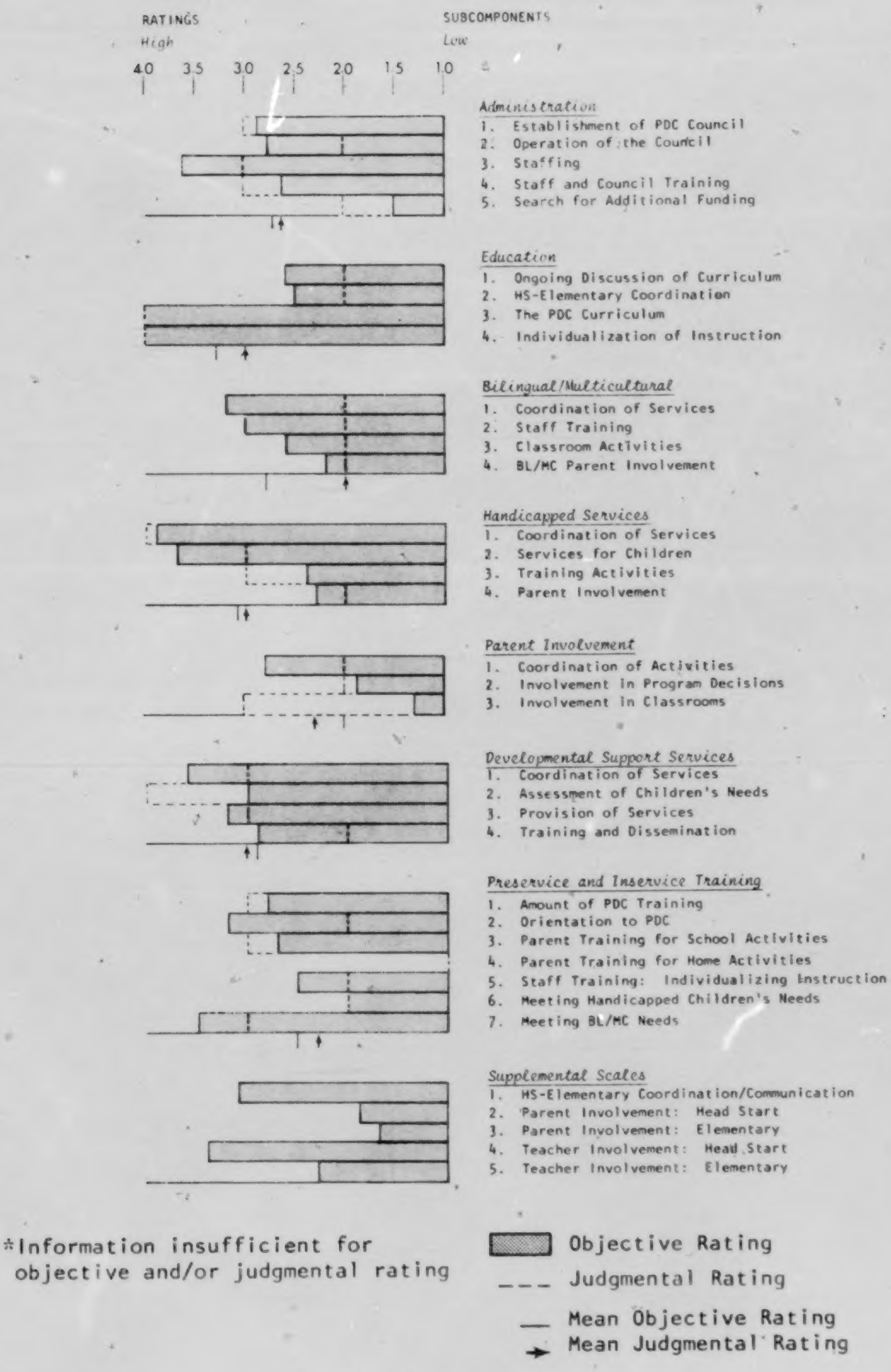
Parent involvement. As mentioned in the introduction, parent involvement has been a special challenge to the Florida PDC staff because of the separate communities and the employment patterns of most Head Start parents. In spite of the generally low ratings in this area, it should be noted that parent involvement has increased over previous years. This perceived improvement may account for the fact that the site visit team rated parent involvement in classrooms higher on the judgmental scale than the objective IRI items indicated; in absolute terms, however, the percentage of Head Start and elementary school parents who participate in classroom activities is still small, and so the objective ratings are lower.

In November, parent consultants (who serve as paid staff for eight hours per week) were selected to help get other parents involved in the program. Although this may turn out to be a useful strategy it had not had time to take effect at the time of the site visit. Parents are members of the PDC Council (in fact, the assistant chairperson is a parent) and they attend meetings. The PDC coordinator perceived parents' contributions to decision making as moderate to major, but there was not much indication that their role was actually more than minor. What involvement of parents there has been, has been chiefly at the Head Start level.

Developmental support services. The support services subcomponents were rated fairly high in Florida. There is a coordinated support services program with some joint Head Start-elementary school programming. Although there has been turnover in the coordinator for this component, the work of the two outreach aides, the Head Start health coordinator and school nurses, in conjunction with the help of the PDC coordinator, has been sufficient to maintain the planning, record-keeping system, and services needed in this area.

Training. Implementation of the seven subcomponents related to training ranged from very low (training for parents in working with their own children) to relatively high (training to sensitize staff to needs of bilingual bicultural and/or multicultural children). Overall, a lot of meetings or workshops have been held at which training activities have been conducted, and most of the topics required by the Guidelines have been discussed or presented. Attendance by the various groups involved in PDC, however, has not been extensive. For example, meetings have been held for the purpose of training parents for participating in Head Start or school classrooms; few parents have actually received this training (this is consistent with the problems of parent involvement mentioned above). Training has been more complete, and attendance has been greater, for Head Start teaching staff than for elementary school teachers. At the time of the site visit, PDC was still trying to confront the problem of creating greater involvement and participation by the elementary school staff.

Figure A-4
IRI RATINGS: FLORIDA



The Iowa Site

The manifestation of the Early Childhood School approach to PDC at Iowa is much different from those at other ECS sites. Both Head Start and elementary school classes are housed in the same building, but administration of the two programs is quite separate. The Head Start director is located in the district offices away from the school and administers the preschool program from there. The PDC coordinator has the status of vice principal of the elementary school and has authority over the elementary school teachers, but little authority over Head Start teachers. Thus, for example, for the most part Head Start and elementary teachers attend separate training sessions and training records indicate that only one workshop was attended by both Head Start and elementary teachers.[1] This dual administration and supervision is reflected in the IRI ratings for the site.

Despite these difficulties, the ratings indicate significant implementation in several component areas, most notably education and developmental support services. Efforts in the former area have been a focus for the site and have been facilitated by active support from the elementary school principal and by the PDC coordinator's own extensive background in education and curriculum development. Implementation in developmental support services has been aided by the presence of a full-time school nurse charged with implementation of this component at the elementary level and by the array of local agencies and resources available to the program.

Administration. As shown in the IRI graphs, three of the administration subcomponents--establishment and operation of the PDC Council and the search for additional funds--received fairly high objective IRI ratings while the subcomponent related to training for Council members received the lowest. Judgmental ratings were generally lower than the objective.

The Iowa PDC Council serves primarily as an advisory and decision-making body in the areas of budget, personnel and program development. Specific program development activities are the responsibility of the five component committees which, in turn, make recommendations to the Council. Each Council member is a member of at least one component committee.

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[1] The PDC coordinator indicated in her review of this section that the two Head Start teachers were enrolled in a staff development course that took place in Spring 1977 after the site visit.

The somewhat lower judgmental ratings for the first subcomponent reflect the uneven participation by the different groups represented on the Council (elementary school representatives have major involvement in decisions while those from Head Start, the community, and the Board of Education play only a minor to moderate role). The similarly depressed judgmental rating for the second subcomponent was based on the fact that communications between Council representatives and their constituencies were only moderately effective.

Although implementation responsibilities in each component area have been assigned to specific individuals (thus the relatively high objective rating for the third subcomponent), the judgmental ratings in this area were lower because the PDC coordinator has personally assumed responsibility for four components (education, administration, training and parent involvement). According to the coordinator, this concentration of responsibility has hindered implementation, especially of the parent involvement component.

With respect to the staffing subcomponent, a state agency has been contacted and approved funds to support a parent coordination position during the 1977-78 school year, and the PDC coordinator has attempted to obtain some on-the-job training (CETA) positions for the next school year (thus the high objective ratings in the areas of staffing and additional funding).

The low ratings in the area of Council training is accounted for by the PDC coordinator's belief that Council members have received training in program goals, objectives, and philosophy over the past two years and that this training was necessary only for the two new Council members (who received it). One session in decision and policy making has been conducted for all Council members.

Education. PDC at this site has selected a coordinated and compatible curriculum with accompanying diagnostic systems. Both the curriculum and diagnostic systems are well implemented (see IRI ratings) with teachers using the diagnostic system to match children with an individualized educational program. The two education subcomponents dealing with the Head Start-elementary school communication system and curriculum discussions were rated lower because of the lack of active Head Start involvement in PDC.

The PDC curriculum was adapted by PDC teachers from four curricula (Waupan, Dale Avenue, SARI, and IOX--a curriculum related to attitudes and emotions). The resultant curriculum utilizes an individualized approach to learning and, with the exception of some elements dealing with attitudes, has been implemented in all Head Start and elementary school classes. Each of the four curricula has an accompanying evaluative system which is designed to pinpoint the developmental level of each child so that each child can be placed into the PDC curriculum at the appropriate instructional level. In addition, a set of performance objectives is incorporated into the PDC curriculum which provides for an ongoing assessment of children's skills. All PDC children have been assessed and appropriately placed into the curriculum using the diagnostic system.

The lack of Head Start teacher involvement in PDC (which affects the implementation of other components as well) seems to stem from a lack of clearly defined lines of authority. The two Head Start teachers are supervised by the Head Start director. The PDC coordinator reported that one PDC-paid Head Start teacher attended all meetings, and the other served on the Council and attended meetings. Program records indicate that the two groups of teachers have met twice for training or to exchange information related to curriculum matters. A PDC newsletter is also published monthly and distributed to all teachers.

Services for bilingual bicultural and/or multicultural children. This component has received little attention from the PDC staff for several reasons. First, there are relatively few multicultural children in PDC classes. Second, since all textbooks used in the classrooms have multicultural emphases, staff members feel that children are in daily contact with multicultural materials. Third, PDC staff members feel that the special needs of multicultural children are being met through the existing developmental support services screening and service delivery procedures. Finally, the district has scheduled and conducted district-wide training for teachers to conform with its desegregation plan.

IRI ratings for all but the first subcomponent reflect this lack of emphasis. The high objective rating for the first subcomponent reflects a single item (concerning the coordination of services); others could not be rated because teachers and parents were not interviewed on the site visit.

Services for handicapped children. The subcomponents relating to the coordination and provision of services and parent involvement all received high IRI ratings. The low objective and judgmental ratings on the third subcomponent and the lower judgmental rating for parent involvement all reflect the lack of training for staff and parents in how to meet the specialized needs of handicapped children. According to PDC staff, formal training for these groups has not been provided because of the small number of handicapped PDC children; Title I specialists and other resource staff do provide informal training, however.

The nurses at the Head Start and elementary school levels are responsible for the implementation of this component. Upon entry into PDC each child receives a physical exam. Teacher observations are then relied upon for detecting learning, speech, and physical impairments.

All PDC handicapped children, except those with chronic disruptive behavior, are based in regular classrooms. A learning center utilizes a behavior modification approach for those elementary level children who present chronic disciplinary problems. Handicapped and learning disabled Head Start children receive special services within their classrooms, while handicapped and learning disabled children at the elementary level spend about one-half hour per day in a learning center with a resource teacher. The curriculum provides for an ongoing assessment of all school children. Community resources and school district funds have been identified and utilized to meet the needs of learning disabled and handicapped children.

All parents of handicapped children have visited their child's classroom either to observe or volunteer their services, and conferences and home visits have been conducted with all parents of handicapped children. Parent participation is encouraged, and during home visits and parent-teacher conferences teachers solicit parent input regarding classroom activities while at the same time giving parents activity ideas they can do at home with their child.

Parent involvement. According to the PDC coordinator, the IRI implementation levels of this component are relatively low because it hasn't received the attention it should. She has been responsible for this component as well as three others and has not been able to devote the time necessary to fully develop a parent program. State funds for a parent coordinator position have been approved for the coming school year. Despite this lack of direction, though, parent involvement has increased substantially over what it was three years ago, and thus the high judgmental rating for the first subcomponent. Ratings for the second and third subcomponents are only moderate. (Overall program decision making is concentrated in the hands of the PDC coordinator; parents do not play a major role.) However, parents plan nearly all of the parent involvement activities based on the proposal.

Parents participate in the school as Council members and as class and lunchroom volunteers. Parents also attend workshops and classes and are involved in parent groups. The home-school liaison workers have arranged bimonthly coffee clubs which meet in parents' homes so that parents who are hesitant about getting involved in school activities can learn about PDC. About 85% of Head Start and elementary parents attended at least one non-training event. Approximately 25% of Head Start parents and 3% of elementary parents attended at least one training activity.

Developmental support services. The generally high objective and judgmental ratings for this component can be attributed to the range of resources available in the community and to the presence of a full-time nurse in the school; only in the area of assessment is the rating at all low. Screening and diagnostic assessments of children at the Head Start and kindergarten levels are done in vision, growth, hearing, speech, nutrition, dental and medical health needs. At the time of the site visit 80% of PDC children had received 1976-77 assessments in nutrition, medical, dental, vision, developmental history, immunization, and social services.

The low objective rating for assessment reflects the lack of a formal system for coordinating screening and diagnostic assessments at the Head Start and elementary levels. Although this does result in some duplication of efforts, overall implementation for the subcomponent was judged to be somewhat higher than the objective ratings indicate.

Children who are in need of social services are referred either to a school support staff member or a community agency. Most children needing follow-up medical and nutritional services had received them, but few of the children needing follow-up in dental, mental health, and immunization services had received them at the time of the site visit (thus the lower judgmental ratings for the third subcomponent).

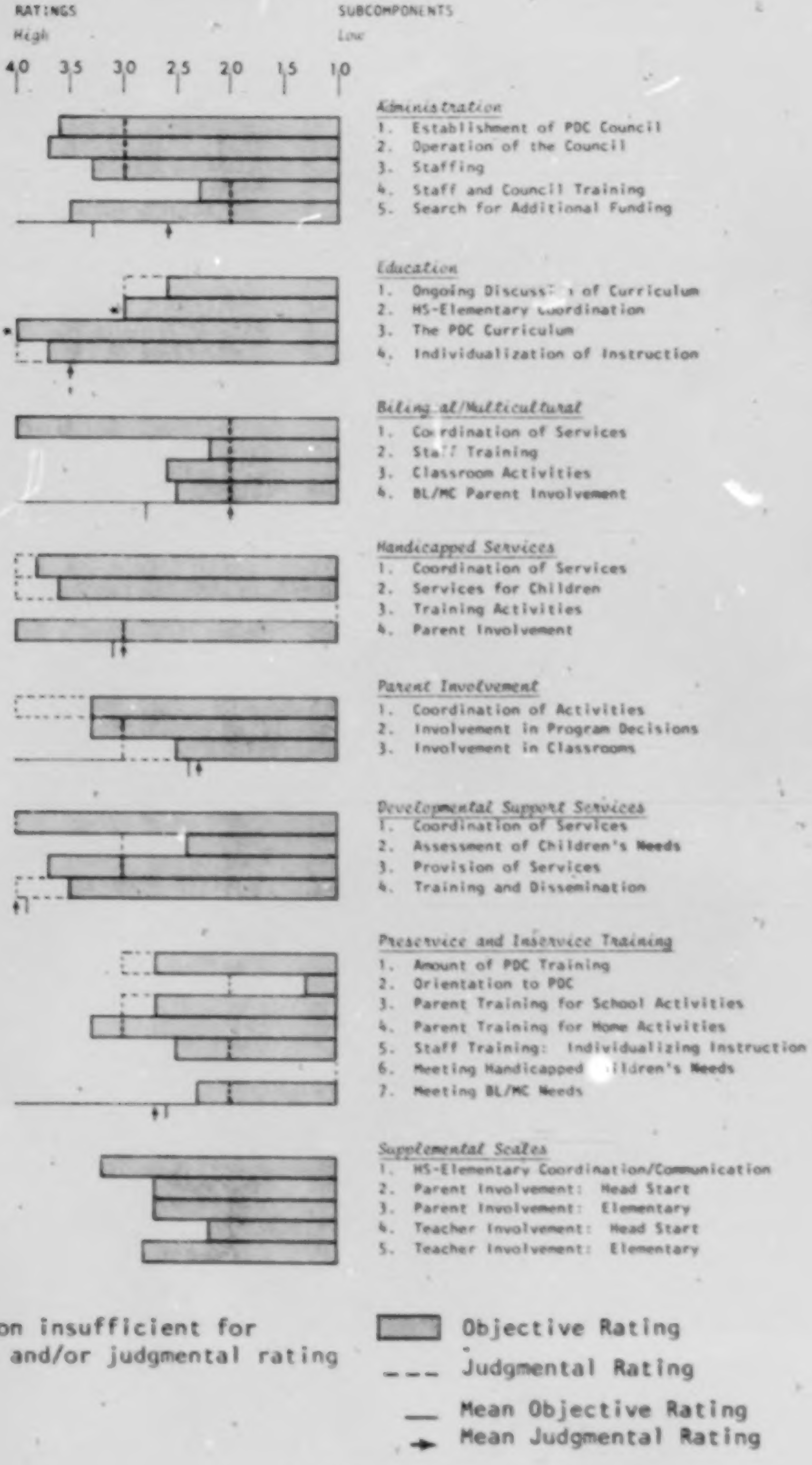
Parents, teachers and children have been provided with information on support services and health education. One teacher training session had been held and parents were provided with a comprehensive list of community resources.

Training. The generally low objective and judgmental IRI ratings in this area reflect the lack of priority given to specific areas by the PDC staff and the fact that the majority of the teacher training activities are conducted separately for Head Start and elementary teachers. As mentioned previously, training in PDC concepts and ideas received relatively low attention because orientation activities have taken place during the first two program years and the PDC staff felt that the school staff was already familiar with them. Low priority has also been given to staff training in the multicultural and handicapped components primarily because the PDC coordinator feels the small percentage of PDC multicultural and handicapped children does not warrant such training. Also, as part of the school district desegregation plan, multicultural activities are planned for district staff which PDC elementary teachers are required to attend.

Teacher training in child growth and development has concentrated on methods of individualizing instruction but, again, has been attended only by elementary school PDC teachers. Both Head Start and elementary school teachers have attended the one session focusing on how to work with parent volunteers.

Involvement of parents at both the Head Start and elementary levels in classroom training and child growth and development classes has been low, with about ten parents involved. Two training sessions have been held for parent volunteers and on-the-job training is provided by classroom teachers. According to the project staff, the low parent involvement in training is attributable to the lack of a full-time parent coordinator.

Figure A-4
IRI RATINGS: IOWA



*Information insufficient for objective and/or judgmental rating

The Maryland Site

The Head Start and elementary school programs in Maryland are housed in one school building. Nevertheless, implementation of administration component activities was rated only low to moderate because of minimal training for PDC Council members and PDC staff and minimal Head Start participation in the Council. The highest-rated components appear to be those areas the program focuses on: bilingual/multicultural, education, and developmental support services.

The bilingual/multicultural focus is largely due to the composition of the school population--over half the student body is black and/or dominant in a language other than English. A PDC multicultural curriculum guide is used at all levels in conjunction with a district-wide curriculum, resulting in high education component ratings also.

In the support services area, the school nurse and the DSS coordinator have been energetic in assuring that all children have complete medical check-ups and receive all necessary treatment. The site is richly endowed with social service agencies that greatly facilitate work in this component.

Other PDC components have been given lower priority. The parent involvement component suffered from lack of a coordinator for three months in the fall. The program has been improving, however, since in January a very enthusiastic person was hired for the position. The component is a difficult one to organize because the population served by the school has a high percentage of single working mothers who have little time for school functions. The handicapped component was given little attention (except through developmental support services) because the school has no seriously handicapped children. Training, particularly for PDC Council members, has also been accorded lower priority than other PDC activities.

The project has been greatly affected this year by the reorganization of lines of authority connecting the school administration with the PDC Council and teaching staff. Apparently because of general dissatisfaction among teachers with the way PDC was being implemented in the school, the principal has taken over the responsibilities of the PDC coordinator. The coordinator and the Council now have advisory, not decision making, roles.[1] The reorganization affected not only the role definitions of the administrators; it also resulted in a great deal of additional work which affected the extent of implementation in certain components.

Administration. The IRI ratings in this area show moderate levels of implementation except for low ratings in the training subcomponent. The Council does meet regularly and Council business (e.g., making recommendations, helping write proposals, interviewing job applicants, updating by-laws) is communicated to teachers and parents through meetings, newsletters and notices.

Judgmental ratings for the subcomponent on establishing the PDC Council were substantially lower than objective ratings because of minimal efforts to recruit a Head Start parent for the Council this year and the lack of representation of the school board on the Council. The sporadic attendance of Head Start teachers also suggests minimal Head Start involvement on the Council. Moreover, with the reorganization of the PDC program (most notably the transfer of PDC administrative authority from the PDC coordinator to the school principal), the Council's role has become advisory rather than decision making.[2] The first three months of Council meetings were entirely devoted to the reorganization plan and redefining the Council's role; as a result, few training activities took place. The judgmental rating for the subcomponent on training for PDC staff and Council members was lower than the objective rating because, although PDC goals and organization were discussed at some general staff meetings, there was no training specific to these issues for PDC program staff.

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[1] According to the school principal, the county public school system never delegated ultimate decision making responsibility for the school program to the Council nor the coordinator. The Council has always been an advisory body, and this role was again clarified in October and November 1976.

[2] In a letter responding to this report, the principal differed with this description. He countered that the PDC Council "is a decision making body. Those decisions are advisory to the principal and have been implemented. There is no instance where a decision made by the PDC Council was not incorporated into the school program."

Education. The high IRI ratings indicate that a PDC curriculum and diagnostic system is being well implemented and that there is a high level of communication between the Head Start and elementary school staff. The rating pertaining to the ongoing discussion and refinement of the PDC curriculum is slightly lower because of minor involvement of parents and none by teacher aides. Judgmental ratings for this subcomponent are nonetheless high because the rest of the school staff has been actively involved in the creation of the multicultural curriculum and related handbook, and all PDC teachers now meet weekly to discuss educational issues. In addition to these joint teacher meetings, informal communication occurs among staff, and an education-related newsletter is distributed biweekly.

Similar educational approaches--structured, teacher initiated, individualized instruction--are used at both the Head Start and elementary school levels, and all PDC teachers use the multicultural curriculum which is integrated with the county-mandated curriculum. Teacher-developed, criterion-referenced tests comprise the diagnostic system used to rate each child in the various subject areas. In addition, the diagnostic/prescriptive teacher, ESOL teacher, speech clinicians, and reading teacher assist classroom teachers in matching children with specific educational programs.

Services for bilingual bicultural and/or multicultural children. As mentioned above, the PDC school has a high proportion of multicultural children whose parents are conscious of their backgrounds and want to preserve aspects of them. As a result, the PDC staff funneled their energies into the development of a multicultural curriculum. Thus, this component shows a high level of implementation, except in the area of multicultural parent involvement.

Two teacher workshops have focused specifically on multicultural education, and staff members produced the Multicultural Curriculum Handbook that all PDC teachers are using. Also, issues related to multicultural matters come up at the weekly teacher meetings. The multicultural curriculum is an integral part of all classrooms, and, as such, children are exposed to multicultural materials, activities, and resource persons.

Although parents have been invited to the various multicultural activities and some have volunteered in the classrooms, the IRI rating indicates only moderate parental response overall. Again, this may increase under the new parent coordinator.

Services for handicapped children. The involvement of parents of handicapped children and the provision of services for handicapped children received high objective and judgmental IRI ratings, but training activities received a low rating. The staff considers few of the PDC children to be handicapped and those identified as such do receive special assistance from resource staff. One training session for classroom teachers has taken place.

Parent involvement was rated high because parents of handicapped children are invited to staff sessions during which their child is discussed, and individual conferences are arranged with the parents of each child identified as having a special problem. Also, parents were apparently effective in countering teacher requests for a segregated special education classroom in the school. As mentioned previously, severely handicapped children attend a special school, and children with speech, psychological, and/or medical problems get attention from the school resource staff or from outside agencies if necessary.

Parent involvement. Low IRI ratings reflect the facts that parent participation in most PDC activities is low, that there is little coordination between the parent programs of the Head Start and elementary levels, and that the program was without a parent coordinator for a considerable time this year. Judgmental ratings on the first subcomponent are lower than the objective ratings because of obvious dissatisfaction on the part of several interviewees with the previous parent involvement coordinator. However, the new parent coordinator is enthusiastic about PDC and implementation levels may change under her leadership. She is working hard on strategies to encourage parents, including single working parents, to become involved in school functions.

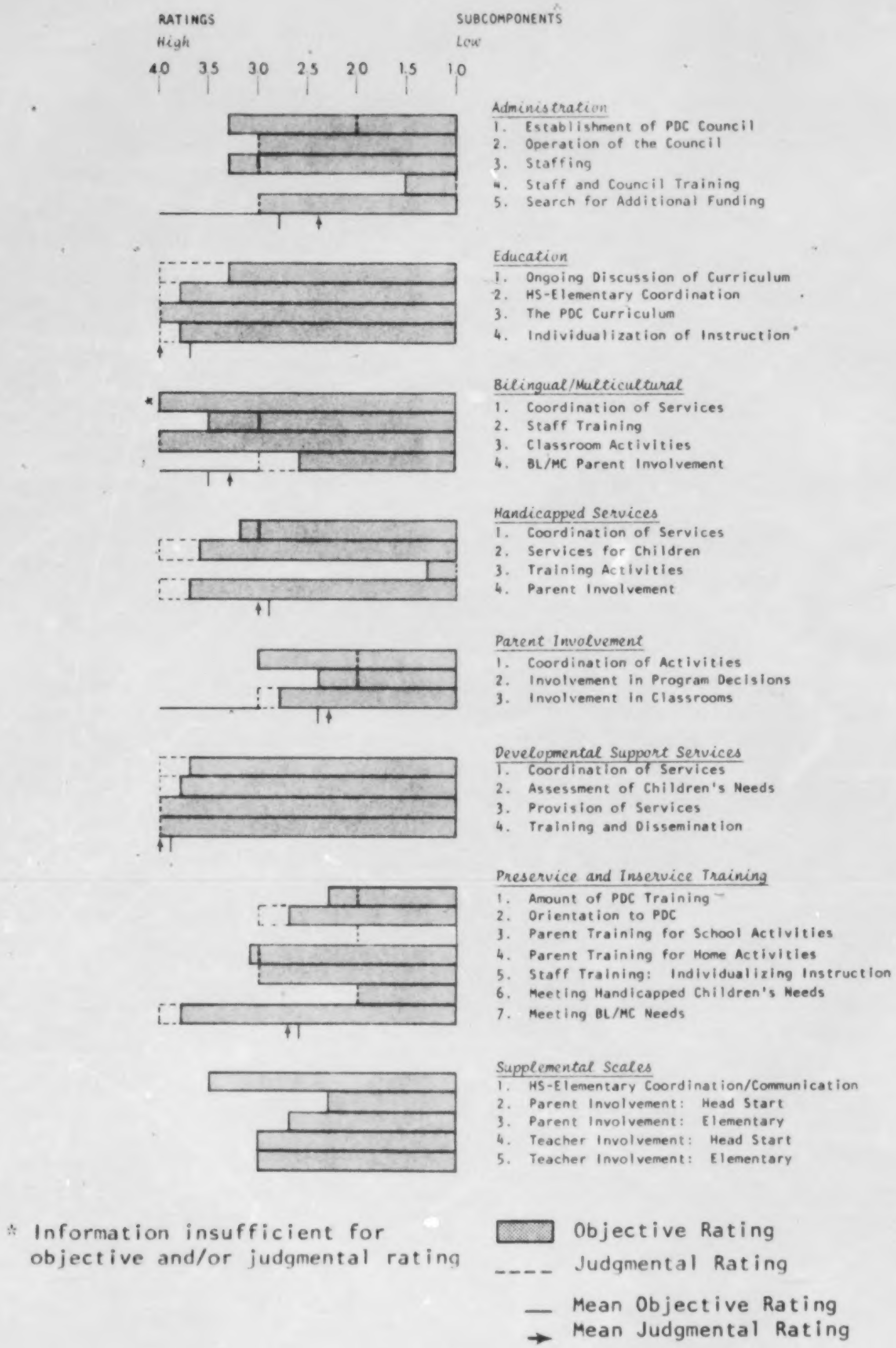
The subcomponent on classroom involvement received low objective ratings, but the moderate judgmental rating is due to the fact that the administration and project staff value parent volunteering. The volunteer attendance sheets revealed that a number of parents work in classrooms quite often. The judgmental rating also reflects consideration of the fact that many mothers are wage-earners and therefore cannot volunteer.

Developmental support services. This component shows the highest and most consistent objective and subjective IRI ratings. These ratings are accounted for by the rich supply of community support service resources and the coordinating abilities of the school nurse and the support services coordinator in screening and arranging for such services. All PDC children have been screened and diagnosed, those needing follow-up services have been referred, and parents, teachers, and students have been informed of the available resources and about health education in general.

Training. Implementation ratings for this component vary greatly from subcomponent to subcomponent; training in the multicultural area is stressed while little emphasis is given to training for Council members, project staff, or parents. There is also little training for teachers in working with handicapped children. Two multicultural education workshops have been held (using outside consultants), and teachers have been continually involved in developing the curriculum. However, training for Council members and for parents in decision making hasn't taken place. The low level of emphasis is in part accounted for by the lack of a parent coordinator during the first three months of this year. Also, although administrators indicated that they value input from parents, they do not view them or the Council as the ultimate decision makers in PDC matters. As indicated earlier, training in working with handicapped children has been given relatively low priority because so few of the PDC children are considered handicapped by the staff. Severely handicapped children attend a special school, and, although children with special problems are placed in regular classrooms, they work with resource teachers several times a week.

Judgmental and objective ratings are relatively consistent except on the subcomponent related to parent training for school activities. The objective rating for that subcomponent may be a reflection of the fact that attendance records were not available and many objective items could not be rated. Judgmental ratings showed "narrow" and "low" implementation rather than "none" because several training sessions for volunteers were in fact held.

Figure A-5
IRI RATINGS: MARYLAND



The Michigan Site

The Michigan site is another unique manifestation of the Early Childhood Schools approach to PDC. Located in a "Human Resource Center" that houses a number of special programs, PDC is placed within an administrative framework unlike that found at any other site. The Center director supervises the PDC coordinator, three principals (for administration, curriculum and community relations), and the director of early childhood programs, who in turn supervises the Head Start director. The PDC coordinator assumes direct supervisory responsibilities over the PDC elementary school teaching staff and aides for programmatical concerns. Thus, like the Iowa program, the Head Start and elementary programs are housed in the same building, but administered separately. Unlike that program, though, key Head Start administrative and support staff are located right in the PDC schools. This proximity has made it possible for the PDC coordinator and Head Start director to establish the administrative contact necessary for program implementation. Communication between the two levels was hampered somewhat during the first program year by the physical separation of the PDC Head Start and elementary classes in opposite wings of the building, but for Program Year III the classes have been relocated and now share the same wing. The effect of this move can be seen in the implementation ratings that relate to Head Start-elementary communication and coordination.

Because the Center has had a long history of innovative educational programs, many of the Guideline elements were already in operation prior to PDC. The transition to PDC has therefore been relatively smooth. An open-framework educational approach that employs a diagnostic and evaluative system and individualized instruction was already in place long before the program, as was an extensive support services system. PDC has been able to build upon these basic programs and refine them to meet its own needs.

Administration. The administrative component shows high ratings of implementation in all areas except in the subcomponent related to seeking additional funds. PDC staff and Council members are well versed in program goals, guidelines and philosophy, and are not only kept abreast of all issues related to the program but serve as monitors of program implementation. The PDC coordinator believes in frequent communication and feedback among the various groups represented on the Council and makes use of weekly meetings, bulletins and announcements to facilitate this communication.

Responsibility for individual component implementation rests with either a PDC staff member or a school staff person. The PDC coordinator is responsible for the administrative and training segment of the program, while the parent involvement and support services coordinators are responsible for their respective components. Individual classroom teachers are responsible for other program components (although they work closely with the PDC coordinator) and are given release time (as needed) to work on their components.

The majority of PDC staff effort has been directed at program operations and, as a result, seeking and securing additional funding has not been explored extensively. However, the program was able to secure $5,000 in additional funds for Program Year IV. Only in the area of support services has there been active soliciting for funds, services and materials, and this has proved very successful. Since the PDC school has a wealth of supportive service programs, staff believe that many aspects of PDC would be continued if PDC funding were to cease.

Education. Implementation ratings for the education component reflect the fact that most of the pre-PDC education approach and curriculum was maintained (and thus familiar to teachers). The IRI shows high objective ratings in the areas of Head Start-elementary school coordination/communication, the development/selection of a coordinated and compatible curriculum, and the use of a diagnostic system. The objective rating in the area of ongoing discussion and refinement of curriculum is somewhat lower, but is still in the high moderate range. Judgmental ratings of implementation were lower for all subcomponents, although still in the moderate range.

For the most part, Head Start and elementary school goals and objectives are very similar and reinforce one another. Last year the PDC staff opted to keep the basic pre-PDC schoolwide curriculum (which closely matches the PDC goals and objectives) and made alterations where appropriate. Various curriculum committees were formed and meetings have been held throughout this year for discussion and refinement of some curriculum areas. Roughly 80% of PDC teachers and 20% of PDC parents have been involved in these meetings. On the average, administrators and paid aides from both levels have played a moderate role in these discussions.

Communication and coordination between Head Start and elementary school staff has increased greatly in Program Year III since Head Start classrooms were relocated from a distant wing in the Early Childhood School to the PDC wing. Regularly scheduled joint meetings are held weekly to discuss issues of common concern. Weekly bulletins are published listing the activities of each group, and joint projects are planned. The somewhat lower judgmental ratings for this subcomponent reflect the continued reluctance on the part of some elementary school teachers to accept Head Start teachers as members of their planning teams.[1]

The existing school-wide curriculum was built around individualized instruction with supporting diagnostic procedures so teachers were already using an evaluative system (thus the high rating). Individualized diagnostic procedures have been used to match more than 80% of the children at both levels with a particular instructional plan in most major subject areas.

Services for bilingual bicultural and/or multicultural children. Because of the large concentration of school children from varied backgrounds and ethnicities, special attention has always been given to multicultural activities and forms of instruction at both the Head Start and elementary school levels. The generally high objective and judgmental ratings for this component reflect the pre-PDC commitment to bilingual and multicultural children.

Special services are provided for both monolingual (non-English speaking) children and bilingual children within the regular classroom setting and monthly teacher training covers multicultural activities, materials, and resources. As a result, multicultural activities are planned in each classroom, multicultural materials are used by the students, and they have opportunities to work with multicultural resource persons.

The one element of the multicultural activities receiving somewhat lower ratings was parent involvement. According to project staff, multicultural parents are not yet comfortable taking an active role in program decision making, in planning long-range educational goals for their children, or in observing/volunteering in classrooms. These parents do, however, participate in various multicultural activities sponsored by the school.

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[1] The PDC coordinator disagreed with this statement.

Services for handicapped children. The IRI ratings reveal striking differences between the objective and judgmental ratings of implementation in the handicapped services subcomponents.

Objective ratings for the first subcomponent are high because coordination and implementation of the component has been assigned to a specific staff person, and because provisions have been made for the coordination of services. Extensive services for handicapped children were already available in the school prior to PDC and the project has continued to rely on these. However, because, there is no one person responsible for tying together the services at the Head Start and elementary levels, the judgmental rating in this area was only moderate--the present handicapped services coordinator is an elementary certified special education teacher and is not responsible for the provision of services at the Head Start level.[1]

Objective ratings for the provision of services to handicapped children were depressed because there are fewer services provided at the Head Start level than at the elementary school level.

Training in this area has been almost absent in Program Year III; consequently, the objective rating for the third subcomponent is quite low. However, extensive training was provided during the second program year; since there was no staff turnover, PDC staff felt that additional training this year would be redundant.

Ratings for the parent involvement subcomponent echo the conditions described for the second subcomponent. Parent involvement at the elementary level has been substantial, but since there is no systematic diagnosing of needs at the Head Start level, involvement there has been substantially lower.

Parent involvement. According to the IRI ratings the Michigan parent program has been very successful in involving parents in the classrooms but less successful in getting them to assume decision-making responsibilities. The parent program involves both Head Start and elementary school parents and is active because of the emphasis the PDC staff, particularly the parent involvement coordinator, have placed on their participation in school-related activities. Numerous workshops have been planned and held for parents and one of the parent subcommittees, which coordinates the "Bucket Brigade" program (a student tutorial program), meets weekly and has parent volunteers in the school on a daily basis. The number of parents consistently involved in PDC activities is small (around 20) and they are gradually learning to take a more active role in Council and committee decision making. Many still feel hesitant about their new school role, however.

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[1] The PDC coordinator stated that the handicapped services coordinator cannot be responsible for the Head Start level because of teacher contract.

Objective ratings for the second subcomponent (parent involvement in decision making) are perhaps deceptively low due to uneven involvement by parents in the various program decision-making groups (parents play a major role in decisions relating to the education component, but a minor role in decisions about the developmental support services component). On balance, however, the site visit team judged that parent involvement in decisions was moderately high.

The objective rating for the final subcomponent (parent involvement in classroom activities) is based on only two items because the necessary parent and teacher interview forms could not be administered during the visit, due to lack of OMB clearance. Judgmental ratings in this area were therefore impossible.

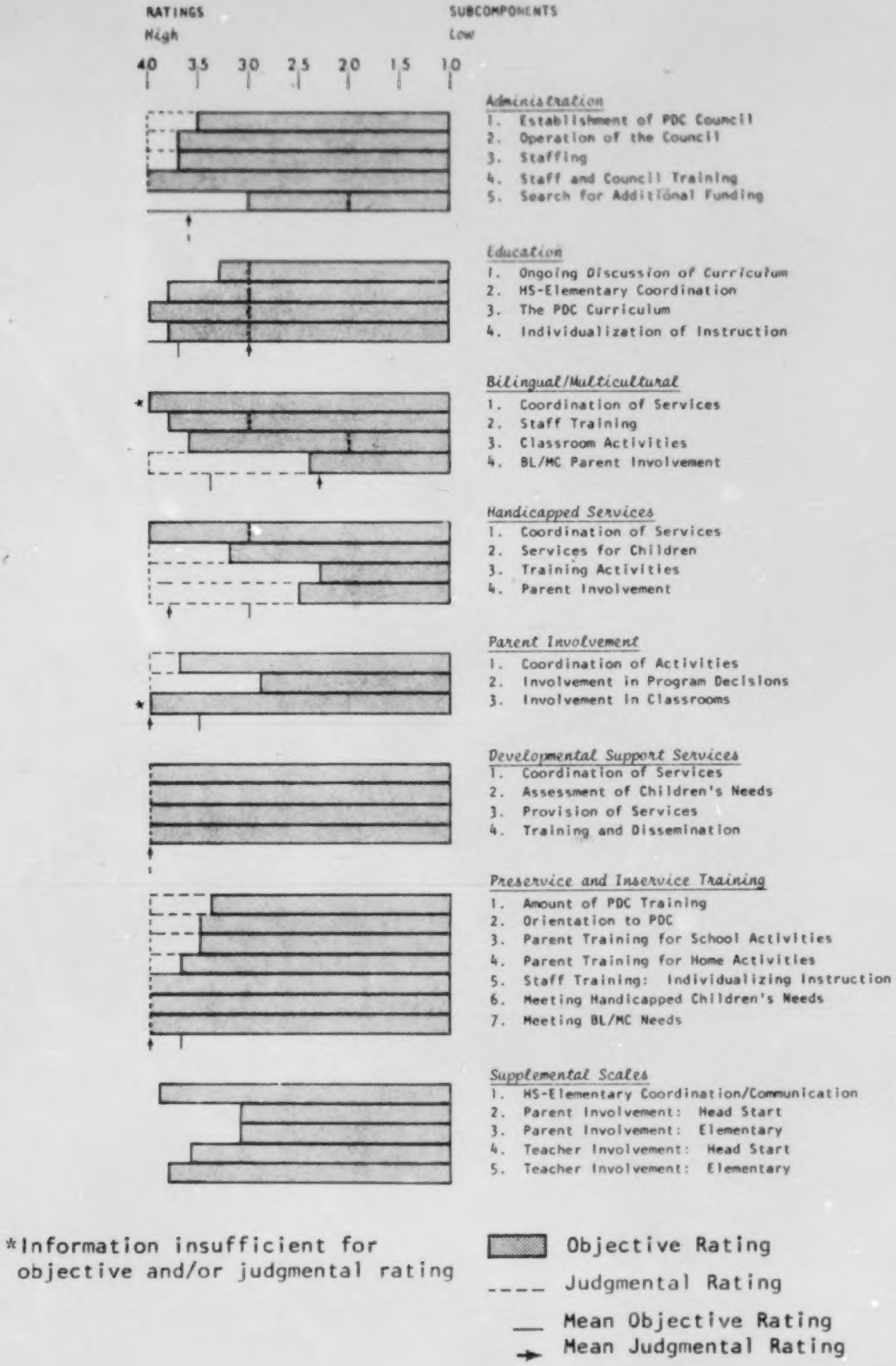
Developmental support services. The overwhelming number of community and school resources and the coordinating ability of the PDC support service coordinator have resulted in consistently high implementation ratings in all four subcomponents. Upon entry into the Head Start program and upon entry into the PDC elementary school each child is given a check-up which includes a complete screening and diagnostic assessment in the areas of nutrition, medical, dental, vision, speech and hearing. Periodic check-ups are then given throughout the school year.

Because of the vast system of services available, the majority of children identified as needing attention in these areas have received it, and information about the delivery of these services and about health education in general has been presented to teachers, parents and students. Parents, once aware of the multiplicity of services available to them, have taken advantage of them, using them extensively not only to fulfill their child's needs but also as resources for themselves in such areas as locating employment, applying for and collecting unemployment benefits and continuing their education.

Training. The PDC coordinator has had considerable experience organizing training activities. She considers training an integral part of the PDC program and schedules it on a regular basis. Consequently, the IRI ratings show an overall high level of implementation. The majority of Council members, program staff, and PDC teachers have attended most of the training sessions (including a session on PDC ideas and concepts); while parents have attended considerably fewer sessions, they have been represented at each session. About 20 Head Start and elementary school parents have attended training on policy making, decision-making skills, child growth and development, how to work with handicapped children, and how to work with teachers and school administrators, while a larger number of parents have received training in classroom volunteering (most of which has been done on an individual basis by the classroom teachers).

Monthly teacher training sessions have covered the following topics: child growth and development, diagnostic and evaluative systems, methods of individualizing instruction and teaching developmentally appropriate skills. The PDC school has a large percentage of multicultural children in attendance and, as a result, a special emphasis is placed on meeting their needs and planning activities that reflect their interests. Numerous multicultural-focused training sessions have taken place and staff are continually instructed in ways of supporting cultural differences.

Figure A-6
IRI RATINGS: MICHIGAN



The Texas Site

IRI ratings for the Texas PDC program were consistently high, although the objective ratings were often lower than the judgmental. Implementation ratings were especially high in those areas emphasized by the program: education, bilingual bicultural activities, and parent involvement.

Implementation efforts in Texas have been helped by several factors unique to the PDC educational setting. First, the local school district is small, with considerable administrative authority concentrated in the director of instruction. Since this person has been enthusiastic in his support of PDC the program has been able to get the materials, facilities and teachers it needs while being spared many of the bureaucratic difficulties that have plagued other programs. Second, teachers participating in the program were handpicked by the director of instruction and PDC coordinator for their compatibility with the program and willingness to participate. Consequently, the program has been able to attempt innovations that differ radically from what existed previously in the school. While this voluntary participation has not eliminated staffing problems, it has permitted increased demands on teacher's time for training and curriculum development. Finally, and perhaps most significantly, the preschool (which includes Head Start) and elementary school programs have been housed and administered jointly for several years. Head Start and elementary school teachers have the same certification and similar backgrounds. As a result of this history of linkages between the two levels, PDC did not have to expend initial energy to build new bridges between the two staffs.

Administration. Administration has been an important feature in the planning and operation of the Texas PDC project, although the project's administrative emphases differ somewhat from the *Guideline*'s. Most important to project staff has been the careful definition of lines of communication and authority and the search for alternative sources of funding; least important has been the nurturance of the PDC Council as a program policy-making body.

Although a PDC Council has been established at the Texas site that meets monthly and includes representatives from most of the required sectors (except Head Start and elementary school teachers), it plays almost no role in the formulation of program policy. Instead, the council acts as a liaison with the community and as an advocate for the program. Substantive program decisions are made by two other PDC committees: the Program Improvement Committee and the Parent Committee. The former oversees most aspects of the project and includes resource staff, PDC staff, the school principal, and representative teachers from each unit. A single representative from the Parent Committee attends the weekly meetings on a rotating basis but plays a minor role in committee discussions. Decisions relating to parent activities are made by the Parent Committee, which includes parent representatives from each unit.

Although there are PDC groups at this site that assume many of the duties outlined by ACYF for councils, there remain important differences. The Program Improvement Committee is essentially a committee of educators; the Parent Committee is composed exclusively of parents. Thus, there is no body that brings parents, educators and community representatives together to discuss and formulate program policy. For this reason the site team rated implementation relatively low on the first two subcomponents' judgmental scales even though the objective ratings were somewhat higher. These higher objective ratings result from the high number of items that address the frequency of Council meetings (the Texas Council meets monthly) and the provision of program documents to Council members (the Texas Council has received documents quite regularly).

In contrast, the site team judged actual implementation in the areas of staffing much higher than the objective scales indicate. Although the PDC Council did not participate in the recruitment or hiring of staff (thus the lower objective rating), considerable attention has been paid by the district director of instruction, the PDC coordinator, and the building principal to issues of project organization. Divisions of labor, lines of communication, and lines of authority are clearly drawn. The PDC coordinator and her staff have a carefully defined position within the formal organization of the school that is recognized and respected by all. Responsibility for each component except training is assigned to specific individuals who are responsible for training activities relevant to their assigned components. When more than one person has responsibility for activities in a component area the division of labor is generally stated clearly.

The search for additional funds has been particularly succussful at the Texas site, although this success stems more from the district's fiscal policies than from unique efforts by the PDC staff. All funds from ESEA Title I, Head Start, and Migrant programs are pooled by the district and disbursed according to the number of children in a classroom eligible for a given program. Consequently, since PDC funds are part of this pool, project staff say that most program services could be maintained should PDC funds be removed, although the position of PDC coordinator would have to be eliminated. Steps have been taken to prepare the principal to assume most of the coordinator's duties when PDC ends.

Education. The development and implementation of an individualized bilingual curriculum has been the central objective of the project throughout its three-year history. These efforts are reflected in the generally high objective IRI ratings and in the consistently high judgmental ratings.

Through the Program Improvement Committee, various education task forces, and weekly unit team meetings, procedures have been created that ensure ongoing discussion and refinement of the curriculum. Further, because it is a small program housed entirely in one school there has been considerable informal meeting and discussion within and between preschool and elementary teaching teams that has led to further refinement in the curriculum. By all accounts these procedures have resulted in significant and continuing refinement in the curriculum. Parents have had very little involvement in these discussions though, and consequently the objective IRI ratings for the first two education subcomponents are somewhat lower than the judgmental ratings. However, because of the intensity and apparent effectiveness of staff discussions, the site visit team judged implementation in these areas to be in general quite high.

The remaining two education subcomponents were also rated highly, primarily as a result of the above efforts. Teaching approaches at the Head Start and elementary levels are similar. All units utilize a combination of open classroom and team teaching, with the distinction that most of the activities in Unit I are child initiated, whereas in Units II and III they are teacher initiated. Curriculum efforts for the 1975-76 academic year concentrated on developing and implementing a language arts curriculum; efforts during the current year have switched to developing and implementing a math curriculum. Staff plan to concentrate next year on social studies.

The basic curriculum is being implemented now in all PDC classrooms, although some teachers are more enthusiastic advocates than others. This broad implementation has been made possible by at least three factors: (1) the program enjoys the enthusiastic support by the district director of instruction and thus has not had to compete with conflicting district curriculum requirements (on the contrary, the director of instruction plans eventually to extend the basic PDC curriculum model into all elementary classrooms); (2) PDC teachers are participating in the program voluntarily and were recruited for their willingness to participate in the innovation; and (3) the absence of a strong teacher union to regulate teacher activities has meant that PDC staff could make demands on teachers' time that could not be made elsewhere.

Services for bilingual bicultural and/or multicultural children. Because the site is a Bilingual Bicultural Demonstration Project, this component is not treated as a separate program component but rather as an integral part of the total instructional program. Component activities are therefore coordinated by the instructional supervisor with the assistance of the PDC coordinator and a consultant from a local university. Both the PDC coordinator and the supervisor are certified in bilingual education. Because activities are fully integrated with the regular instructional program, both the objective and judgmental ratings for the first subcomponent (coordination of services) are quite high. Judgmental ratings in the other three bilingual bicultural subcomponents (staff training, classroom activities, and parent involvement) were similarly high, although objective ratings were somewhat lower.

Staff training in specialized bilingual bicultural teaching skills has been intensive throughout the life of the project. The university consultant provides individual training for teachers two days each month. Additionally, a staff workshop in cultural awareness for all PDC teaching staff was held in fall 1976.

Classroom activities are intertwined with the total PDC instructional program. Most teachers and aides are bilingual, and experiences with resource materials or activities are provided almost daily. The somewhat lower objective ratings for the subcomponent reflect the intervals used on the IRI. Bilingual/bicultural resource persons are in elementary classrooms less than once a week (but more than once a month) and in preschool classes more than once a week but not on a daily basis. Despite this, because of the number of materials available, the activities provided the children, and the availability of bilingual teachers and aides, the site team judged that implementation could still be considered quite high.

Finally, considerable effort has been expended by PDC staff to involve all parents in classroom activities. Since approximately 70% of the PDC population is Mexican-American it is not surprising that these efforts are reflected in implementation of the parent involvement subcomponent. Most parents have been contacted regarding the advantages of bilingual education and almost all have visited the classroom as either observers or volunteers. Since such a large portion of the population is

Spanish-speaking, all PDC notices, newsletters, and other written materials are available in both English and Spanish.

Services for handicapped children. IRI ratings in the area of services to the handicapped are quite high, although these ratings result less from emphases of the local project staff than from state and local programs for the handicapped and learning disabled. As required by law, the site participates in the Texas Plan A program, which requires that every child must be surveyed to identify special education needs. Once identified, an individualized educational program must be designed to see that those needs are met. Several procedures have been established by the state and district to comply with the law; these are implemented for PDC children as they are for all district children. Consequently, most of the PDC Guideline elements were already implemented prior to PDC.

The slightly lower objective ratings in the training and parent involvement subcomponents resulted from the failure of the site to encourage local agencies, private physicians and therapists to participate in training sessions for staff and parents in this component area and from the relatively small number of parents of handicapped or learning disabled children who were involved in training activities or who received support to help them identify their needs and steer them to available community resources. Overall, though, the site visit team felt that extensive services were being provided to handicapped PDC children and that involvement by parents in the planning and delivery of these services was sufficient to justify a high rating on the judgmental subcomponent scales.

Parent involvement. Project staff at the Texas site consider the parent involvement component of their program to be one of their most successful efforts. They attribute this success almost totally to the work of the PDC parent involvement coordinator, a former school nurse with intimate knowledge both of the schools and of the community served by the project. They also note, however, that there has historically been some reluctance on the part of parents to become involved in school activities, in part because of a prevailing attitude that educators are the experts when it comes to schooling and parents are not competent to contribute substantively to school decisions. PDC has been successful at getting parents involved in classroom and school activities, they say, but participation in decisions about any program areas other than parent activities has been limited (thus, the lower objective and judgmental ratings for that subcomponent). There appear to be some indications that PDC is changing these attitudes among teachers and parents: just prior to the winter site visit the Parent Committee requested and was granted the right to send one representative to each meeting of the Program Improvement Committee.

The somewhat lower objective rating for the first parent involvement subcomponent (program coordination) reflects the fact that relatively few linkages have been established between the PDC parent groups and other parent organizations in the school. The site visit team judged, however, that the success of the parent involvement coordinator at getting parents involved in the planning of parent activities despite the above constraints warranted a much higher judgmental rating. Similarly, the team felt that the objective ratings for the third subcomponent (parent involvement in the classroom) were deceptively low given the high proportion of PDC parents who have visited the school or worked in the classroom as volunteers this year. At the time of the site visit a total of 40 preschool and 150 elementary school (Units II and III) parents had visited the school at least once to observe or to work as volunteers in the classroom. Objective ratings for this subcomponent were depressed because only one of ten paid classroom aides is a PDC parent.

Developmental support services. With the exception of social services, which are part of the parent involvement coordinator's responsibility, this component has not been given the same priority as others. Consequently, objective and judgmental ratings for all but one of the subcomponents are consistently moderate or low. Efforts that have been made have often been frustrated by a general reluctance on the part of parents to follow through after needs have been assessed.

Ratings for the first subcomponent (coordination of services) reflect the fact that a developmental support services system has been developed at the site that includes annual surveys and joint programming at the preschool and elementary levels, but does not provide parents with information on the nature and uses of the system. However, procedures have been established for the identification of children's needs in all areas prescribed in the Guidelines. Efforts have been made to provide needed services to children after screenings but these efforts have not always been successful--especially in the medical and dental areas. Training and information for parents and teaching staff has only been provided in a few of the required topics.

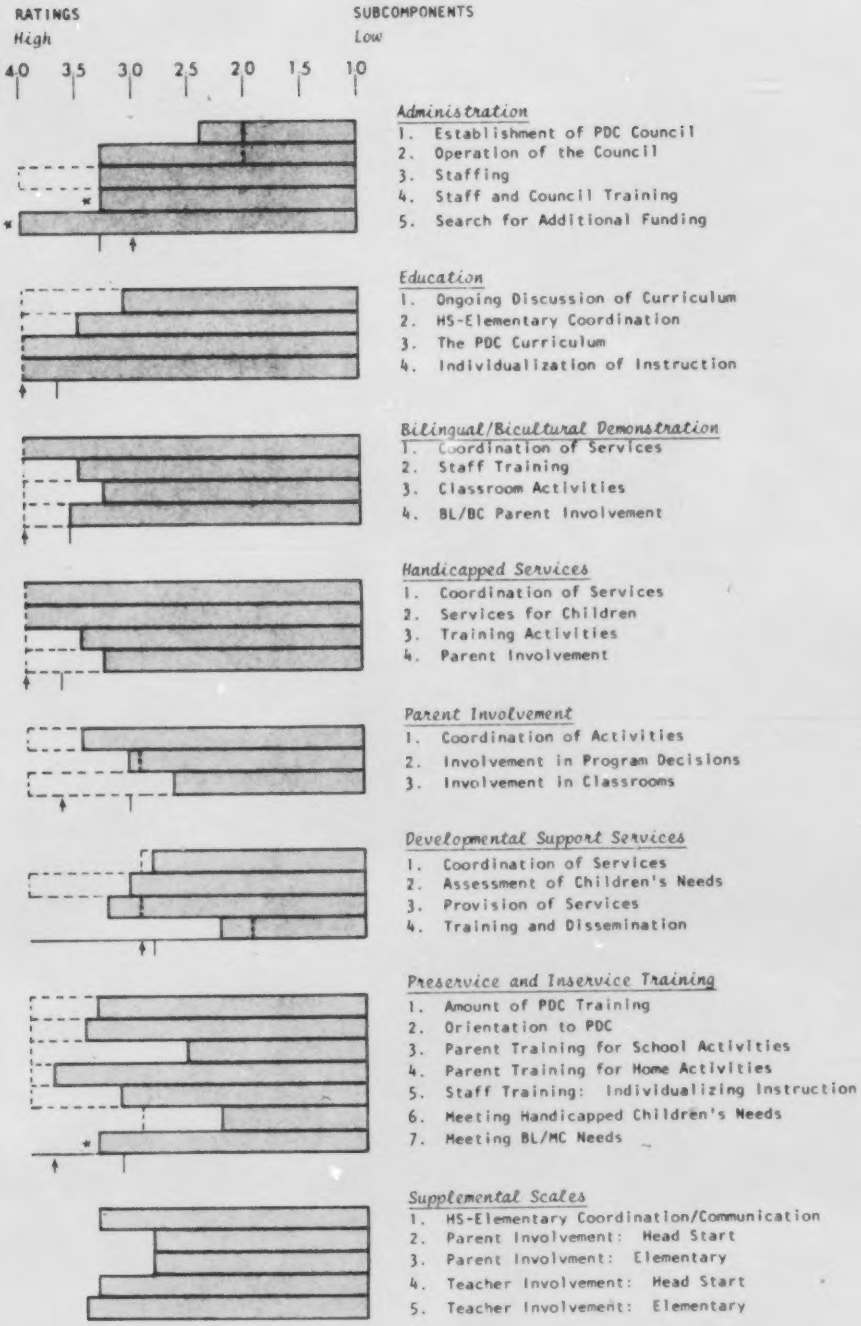
Training. Training activities at the Texas site have been intensive. Training on a broad range of topics has been provided by the PDC staff, by the district, by the special education and deaf education programs, by the PDC technical assistant, and by an outside consultant who works individually with teachers two days each month. Additional training has been provided by outside agencies such as the Texas Dairy Association.

Objective ratings in this component generally reflect this intensity of training, although the rating for the third subcomponent (parent training for school activities) was somewhat lower because of a lack of training for parents in decision making (the judgmental rating was considerably higher because of the breadth and intensity of other parent training efforts).

Objective and judgmental ratings for training of teachers, parents and volunteers in the skills needed to provide for the needs of handicapped children were somewhat lower than the others because, while there has been training for teachers in some of the required areas, none has been provided for classroom volunteers and very little has been provided for parents. Most of the training that has been provided has been sponsored by the deaf education program for parents and teachers of deaf children.

Although lists of bilingual bicultural resource materials persons and materials have been distributed and some training to sensitize school staff to the special needs of handicapped children have been provided and well attended, the judgmental scales for this subcomponent were not rated because so many of the staff and administrators (including the PDC coordinator, instructional supervisor and school principal) are themselves Mexican-American.

Figure A-7
IRI RATINGS: TEXAS



*Information insufficient for objective and/or judgmental rating

▨ Objective Rating
_ _ _ Judgmental Rating
__ Mean Objective Rating
→ Mean Judgmental Rating

The Washington Site

The PDC elementary school was a receptive setting for PDC because of its experience as a Follow Through site (implementing the Responsive Education Model) and because it receives various federal and state funds which provide a wealth of pupil services. As part of the Follow Through program elementary school teachers were exposed to continual training and educational change (the Responsive Education Model stressed individualized instruction and working with each child at her/his developmental level) so they were prepared for both the education and training aspects of PDC. Likewise, the state-funded and federally-funded programs provided for the establishment of special services for handicapped children and for meeting the medical, dental, and other needs of students. Thus, many of the components of PDC were in place before the program was funded.

Still, the site has moved forward in all of these areas--implementing them to a greater extent than prior to PDC--while at the same time devoting more attention to the parent involvement component. Over the course of PDC, staff have discovered that it is often too much to expect of parents that they become functioning PDC Council members and active classroom volunteers after a few training sessions. They have come, they say, to the realization that PDC should be concerned with increasing the social competency of parents as well as the social competency of children. To this end, they are redefining their parent program, focusing on finding out what parents' concerns are, and then helping them define and meet their needs. Once parents' concerns, anxieties, interests, etc., are dealt with, the program staff feel that their involvement in school matters can be more productive.

Administration. The administration component received high IRI ratings in Washington primarily because of the support provided by the PDC staff and their commitment to active Council involvement in all PDC operations. The component received highest ratings in the areas of council operations, council member training, and attainment of additional funds.

The elementary school Parent Council, which meets monthly and has five subcommittees, is engaged in all phases of planning, operating, and evaluating the PDC program, and PDC staff work to keep all groups involved and communication lines open. Many council meetings have been devoted to council training in the areas of PDC program goals, philosophy and objectives. Also, PDC staff view each council meeting as a learning experience for its members in that they are continually expanding their understanding of the PDC concept and its operation, and assuming more responsibility in making program decisions.

Washington has been successful in finding funds to supplement the PDC grant, and the initial parent and teacher acceptance of PDC was made with the understanding that the program would be continued even after program funding ceased.

Education. The education component is well established, primarily because of the site's pre-PDC involvement in Follow Through and the active involvement of the curriculum specialist in curriculum refinement. As Figure A-8 shows, the site has (1) established task forces composed of parents, teachers and support staff that meet regularly to discuss curriculum issues, (2) adapted and implemented a coordinated and compatible curriculum, and (3) scheduled frequent meetings between Head Start and elementary school teachers. Only the fourth subcomponent--the use of a diagnostic and evaluative system--is not rated as highly as the other components.

Prior to PDC, elementary school teachers had been implementing Far West Laboratory's Responsive Model. The model is still used at the Head Start and early elementary levels, although there is now more opportunity for flexibility on the part of teachers to make curriculum changes. The curriculum is operational in most subject areas at the Head Start and elementary level and includes a statement of general goals and objectives for each area.

Since Head Start and elementary school staff are located in the elementary school, there is continual communication between them. Also, both groups are responsible to the principal so the chain of command is the same and all teacher activities, e.g., teacher meetings and workshops, involve both Head Start and elementary school teachers.

A diagnostic and evaluative system is implemented at the Head Start and elementary level and is, for the most part, contained in the commercial math and reading programs that have been adopted. In other subject areas teachers more often develop and use their own evaluation instruments. All Head Start children, but only half of the elementary children, have been diagnosed with a system and matched with an educational program.

Services for bilingual bicultural and/or multicultural children. Three of the subcomponents in this area are implemented about equally, while one subcomponent--coordination of services--received a very high rating. The school ESAA coordinator coordinates this component and has involved parents and teachers at both the Head Start and elementary school levels. Training in sensitizing staff to the needs of multicultural children has taken place and the majority of school staff and support staff have attended most of the sessions, although administrators have not.[1] Resource persons have participated in classroom activities at both levels, with most of the children in these classes working with such a person at least once a week. In addition, multicultural materials are used by all children and multicultural activities are frequently scheduled.

Multicultural activities for parents take place on the average of once a month and focus on cultural dynamics, the values of their particular culture, and principles of multicultural education. More than 25 parents at both levels have attended such an activity. Their involvement in educational goal setting is less, however, with fewer than half of the multicultural parents having input into language or cultural related education goals. About 60% of the Head Start multicultural parents have visited their childrens' classrooms while about 30% of all elementary school parents have done so. The higher judgmental ratings for these two subcomponents--multicultural classroom activities and parent involvement--resulted from the fact that, although the number and extent of multicultural involvement in PDC is low, the program is continually planning activities in the school and classrooms in the hope of involving more parents.

Services for handicapped children. The handicapped component is fully implemented in two of the four subcomponents--coordination of services and provision of services--yet little attention has been given by the program to the other two subcomponents--staff training and parent involvement in their handicapped child's program.

One of the resource room teachers is responsible for the coordination and implementation of this component. A survey has been conducted and state and federal funds are used to meet the needs of handicapped children. Most handicapped children spend at least half of their day in a special classroom setting. Although the resource room teachers and the Pupil Personnel Team (PPT) would like to mainstream them for longer periods of time, state funding regulations for handicapped children contain stipulations regarding the percentage of school time a child must spend in a special classroom.

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[1] The PDC coordinator reported that a twelve-week inservice class on integrating multicultural activities into the total curriculum was conducted after the site visit. Twenty-five staff members participated.

The low objective and judgmental ratings in teacher training are due to the fact that PDC staff have postponed such training until teachers are more receptive to the idea of working with handicapped children in their classrooms on a regular basis. This year PDC staff have focused on changing teacher attitudes in this area and are introducing the teachers to a plan called Load-Deload, in which the emphasis is to have the handicapped child spend more time in the regular classroom (load) and less time in the resource room (deload). This program also includes services for children who are learning disabled and spend the majority of their day in a regular classroom.

Although parents of each child placed in a resource room do review a list of specific goals and objectives for their child they generally do not become involved in planning their child's specific curriculum (subcomponent 4). No special training or support for these parents has been provided, nor has there been any group training to help them identify their needs and community resources they might utilize. The higher judgmental rating reflects the fact that teachers of handicapped children often meet individually with parents and relay this kind of information to them.

Parent involvement. The focus of parent involvement in Washington has been on (1) making parents feel comfortable and at-ease in the school, (2) encouraging them to articulate their needs in terms of training, activities and services, and (3) planning activities with parents that are responsive to their needs. Prior to PDC, most parents were very hesitant about even visiting their childrens' school and there was almost no parent involvement in school-related activities. Parents assumed that teachers knew more about their children and what was best for them. As indicated in the IRI ratings, PDC staff have been successful in implementing a coordinated program and in facilitating parent involvement in the decision-making aspects of PDC. In fact, at least 80% of the parents have attended at least one PDC function since last September and 20 to 30 parents are involved in the Council and other committees that play a major role in making decisions about the operations of the PDC program.

The PDC staff have placed little emphasis on parent participation in classrooms (as noted by the low objective rating for that subcomponent). Once parents feel comfortable in the school, the staff want them to articulate how the parent program can best serve their needs. Information concerning each training area is provided to parents, i.e., what it is and its purpose. Parents then make the decision as to what they prefer and when to schedule it. The high subjective rating in this area reflects the staff's concern about how PDC can best respond to parents' needs.

Developmental support services. In this area the subcomponent pertaining to the delivery of support services received the highest objective rating, while the subcomponents dealing with the coordination of the system and staff training were substantially lower. Provisions for medical and dental services outside the school setting have been arranged and services are available (and contacts maintained) to meet the needs of children at both school levels. Members of the school's Pupil Personnel Team, which include the school nurse, social worker, psychologist, speech therapists, and resource room teachers, provide services in the areas of mental health, social services, nutrition, and speech and utilize outside resources when necessary.

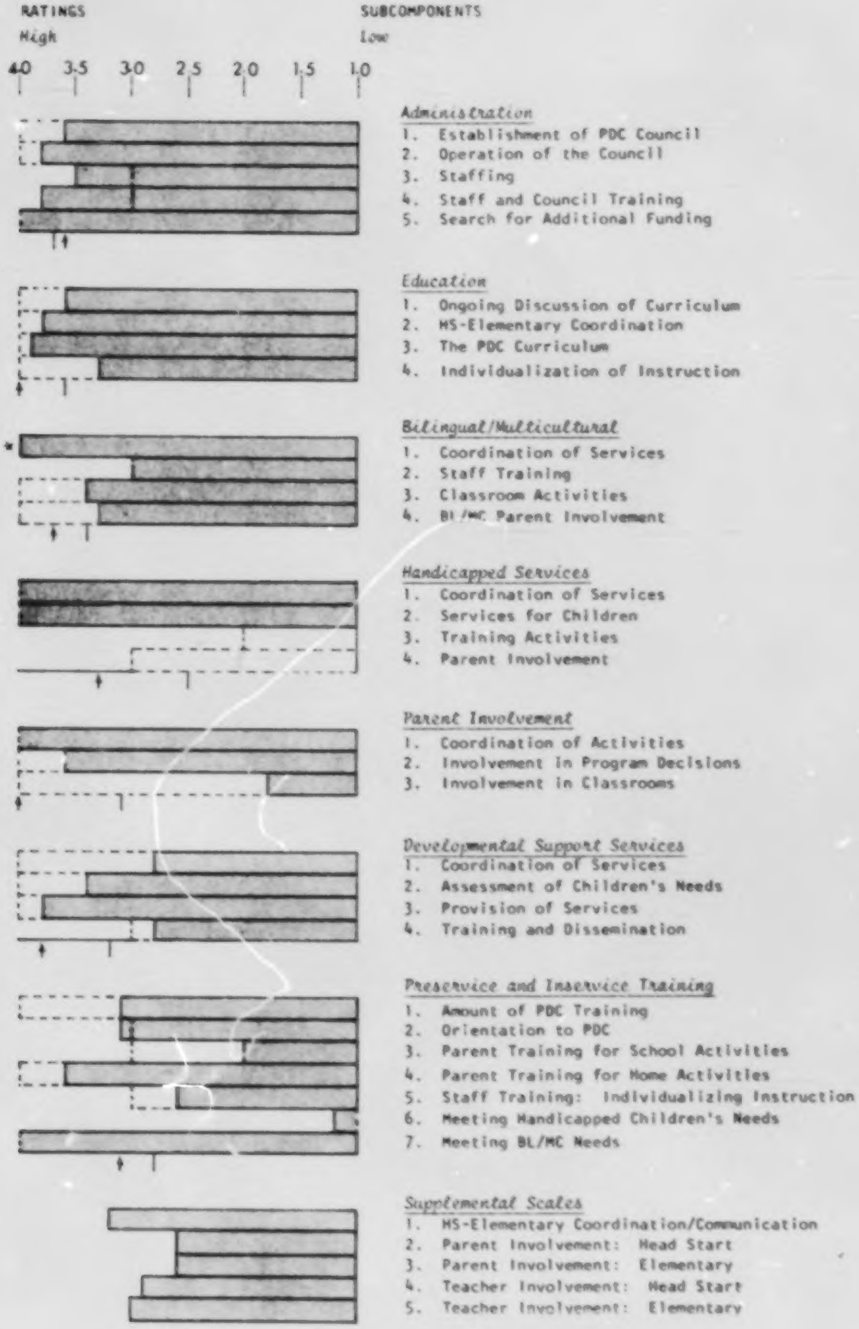
According to the PDC coordinator the school counselor coordinates this component. Each member of the PPT has her area of expertise, keeps her own records and is responsible to the district level pupil personnel office in her particular area. The coordinating record service is kept at the district office. Although there is no formal coordination/record-keeping system at the local level, there is frequent communication between these support staff (this accounts for the difference between the objective and subjective ratings).

Information about available health resources and agencies is available to parents, and the school nurse is currently teaching a first aid class that parents have been invited to attend. But, thus far, no staff training on integrating health education into ongoing classroom activities has occurred, although the nurse is available to teachers for any type of health-related classroom presentations.

Training. The training component has been implemented to a greater degree in some areas than in others, reflecting the priorities set by the PDC staff. As shown in the graphs, the PDC staff have focused their coordinated training sessions in multicultural education, parent training in how to work with their children, and staff orientation to PDC concepts and objectives. The frequent training sessions are intended for parents, teachers and other school staff and approximately 35% of all school parents have attended at least one training session since September. Teachers are required to attend monthly training sessions which are usually held on early release days. If other training sessions are held, teachers have the option of attending.

The objective IRI ratings for parent training in classroom activities and teacher training in working with handicapped children are low because staff have not felt the need to schedule training in these areas. Rather than encouraging parents to assist in classrooms, staff want parents to be active in council events, committees, and in planning parent training and parent activities. Similarly, handicapped training for teachers has not occurred yet because PDC staff feel it is first necessary to change teacher attitudes about working with handicapped children. Training in this area will take place after teachers have become more accepting of working regularly with handicapped children. The generally higher judgmental ratings in this component reflect the frequency of training sessions rather than the number of persons trained.

Figure A-8
IRI RATINGS: WASHINGTON



*Information insufficient for objective and/or judgmental rating

▭ Objective Rating
– – – Judgmental Rating
— Mean Objective Rating
→ Mean Judgmental Rating

The West Virginia Site

The West Virginia PDC staff hoped to accomplish several goals through the PDC program. One important goal was to become a leader in the state for educational change by developing new teaching techniques and a more flexible environment for children in the elementary schools. Other goals were to successfully mainstream handicapped children and to demonstrate that Head Start gains could be maintained through third grade.

To fulfill these aims, philosophy and objectives compatible to those of Head Start were developed for the elementary school. Emphasis was put on developing a curriculum which included individualized instruction, the education of the whole child, comprehensive services for children, mainstreaming children with special needs, parent involvement, teacher training and developing a more open communication system between the school and community, elements which were already present in the Head Start program. The consistently high ratings in education, developmental support services and services for handicapped children reflect the intensity of West Virginia's efforts.

Having Head Start already included within the school system contributed to the successful operation of PDC because of the cooperation and expertise of the Head Start staff in all component areas. Because the major focus for change was the elementary school, there was some tendency on the part of staff to talk about PDC as only an elementary program, which may account for some lack of participation on the part of Head Start staff.

A factor which initially hindered progress, and later influenced implementation, was parent opposition. A small but vocal group of parents, led by a local college professor, caused some controversy but this was successfully resolved during the planning year. This controversy led PDC staff to put more effort into keeping parents informed, to include more parents in program planning, and to put emphasis on broader parent participation. Nevertheless, the program received only low to moderate ratings in this component. PDC staff felt this has been the most difficult component to implement because it has been hard for parents to realize they have some power and to feel competent in offering educational input.

A second factor affecting implementation was the power structure within the local school system. School administrators appeared to allow freedom but resisted PDC staff's attempts to exercise power. According to some, there was resentment on the the part of the school system toward federal programs. This was successfully overcome (as reflected in high ratings for most administration subcomponents) because of the strong support given to the program by the PDC principal and because PDC staff fought for what they wanted.

Administration. As shown in Figure A-9, four of the subcomponents--the establishment and operation of the PDC Council, staffing, and the search for additional funds--were well implemented while the subcomponent related to training for Council members was least well implemented. The PDC coordinator said formal training would not be addressed until new Council members were elected.

The West Virginia PDC Council serves as a policy-setting and decision-making body, and is responsible for the continuing development of the program for each component area, the recruitment and selection of PDC staff, budget and proposal writing. Program development is the responsibility of component task forces which meet monthly to establish needs and priorities, set policy, and make decisions. PDC Council members receive all essential materials but recognize the PDC coordinator and PDC principal as major resource and guidance persons in Council and task force decisions. Council membership is consistent with the Guidelines and attendance at Council and task force meetings is generally good, and involvement is relatively high.

Communications take place by Council members reporting to their groups, newsletters and training memos. Although communications are perceived as very adequate the site is constantly trying to find better ways to inform parents and the general community.

There had been no formal training for PDC Council members at the time of the site visit because the new Council was not yet elected and installed. However, one session related to decision-making was held last fall. The PDC Council also sponsored an assertiveness training workshop open to everyone. The organization, goals and philosophy of Head Start and elementary school have been touched upon through Council discussion, but there has been no specific training in goals and philosophy this year.

Education. Education activities received high ratings. Development of a curriculum and a diagnostic and evaluative system have been given heavy emphasis. The education task force members are developing an individualized coordinated curriculum with a built-in diagnostic and evaluative system called Personalized Learning Units for Students (PLUS). Units have been developed in language arts, math, health and nutrition for children aged three to twelve. Units for social studies and science are currently being developed. Stress has been given to curriculum development because of PDC's desire to individualize instruction so children can progress at their own pace. Head Start and elementary coordination and ongoing discussion received slightly lower ratings because few Head Start representatives work on the task force with PDC staff, elementary teachers and elementary parents developing the PLUS units. Head Start teachers are members of the task force but are unable to attend meetings because they make home visits when task force meetings are held. Head Start teachers have, however, helped to refine an earlier developmental skill checklist for use in Head Start. There are no Head Start parents represented on the task force. The Head Start director is the only person from Head Start with major involvement on this task force. Although PDC encourages Head Start parents to participate in the numerous Head Start activities and committees, the PDC Council chairperson feels some Head Start parents lack the experience necessary to give educational input. Nevertheless, this lack of Head Start participation has the effect of hindering communication and seems to foster separation between the two groups instead of continuity.

Services for bilingual bicultural and/or multicultural children. Ratings for the multicultural component are very high in coordination and training and moderately high for classroom activities and parent involvement. This component focused on Appalachian culture and heritage because the community is composed almost entirely of Appalachians with few other ethnic or bilingual groups represented.

During the start-up year, Appalachian Heritage Centers were set up at each PDC school. The multicultural coordinator spends two days at each school conducting activities in the Centers. The fifth day is used for field trips, performances, lectures and demonstrations. Initially, stress was given to Heritage Center activities dealing with mountain arts, crafts, food, clothing and music. Currently teachers are integrating these activities into other classroom activities. Classrooms are supplied with materials that children use during free periods, and outside resource people have made presentations in the classrooms. Activities take place for both Head Start and elementary children but because center activities are held late in the day Head Start participation has been minimal.

Training sessions have been held for Head Start and elementary teachers to develop an awareness of multicultural resources and materials and the multicultural coordinator works individually with teachers to encourage them to utilize these materials and resources in the classroom. Further training is planned for staff in integrating activities in the classroom.

Parents have been involved as resource people and have worked together with teachers to recruit other resource people. Parents also helped develop and administer a survey to measure community interest and identifiy resources. In addition, a dinner was planned by the parent involvement and multicultural task forces.

Services for handicapped children. The coordination of services for handicapped children, provision of services and parent involvement all received very high ratings on the IRI. Special emphasis has been given to this area since mainstreaming of the handicapped was one of the major goals the program hoped to accomplish. The PDC coordinator had been a teacher of learning disabled children and has a special interest in education for the handicapped.

A team approach is used in providing services which are coordinated from Head Start through third grade. The team includes the coordinator for handicapped services, the psychomotor development specialist, parent coordinator, support services coordinator, PDC coordinator, four speech therapists, a learning disabilities specialist, two special education teachers, a resource specialist and teachers.

Services are coordinated at Head Start through weekly meetings with the coordinator for handicapped services, the psychomotor specialist, the Head Start handicapped specialist and Head Start teachers. At the elementary level, coordination takes place also through weekly meetings with the handicapped coordinator, psychomotor specialist, classroom teachers and teacher assistants. Children who are believed to have a handicap or a learning disability are referred by teachers to a special education resource specialist.

All handicapped children are mainstreamed in regular classrooms according to their skill level. Handicapped children spend 90% of their time in the regular classroom and 10% of their time in a special resource room where specialists work with the children.

Parents of handicapped children are active on the handicapped task force and have frequent opportunities to participate in curriculum planning for their children. All parents of elementary handicapped children and 75% of Head Start parents have visited the classroom.

Training has been provided for teachers, volunteers and parents in giving individualized help to handicapped and learning disabled children through workshops and individual sessions. Teacher training focused on the use of special materials, individualized instruction, diagnosis and evaluation. Parent training emphasized the social and emotional needs of handicapped children.

Structural changes have been made and classrooms reorganized to accommodate handicapped children and to minimize distractions for learning disabled and behavior-disordered children.

Parent involvement. The parent involvement component received the lowest IRI ratings, with coordination of programs rated moderately high and decision-making and classroom involvement rated relatively low compared to ratings in other component areas. A great deal of time and effort has been given to coordinating this component by the parent involvement coordinator and other PDC staff. Numerous and varied activities are provided for parents, ranging from social activities such as parent coffees, covered-dish dinners and cake decorating, to more educationally related activities such as child development, toy and game making, first aid and decision making. Attendance at these activities is low, however. Social services needs are met through a clothing exchange and through referrals to various agencies. Home visits and telephone calls are made to hard-to-reach parents on a regular basis by the parent involvement coordinator, social work students, and other parents. Although parents serve on committees for parent activities and serve as classroom volunteers, those who accept responsibility are most frequently parents who are active on the PDC Council or assume leadership roles in the school P.T.A. and were actively involved in school activites previous to PDC.

Some of the more active parents are low income university students who seek involvement with their children's education and have the time to do so. A large segment of PDC parents do not participate in spite of the enthusiasm and concentrated effort of PDC staff. The parent involvement coordinator expressed discouragement about this lack of participation and attributes it to the number of parents who work and cultural prejudices which do not foster home-school relationships.

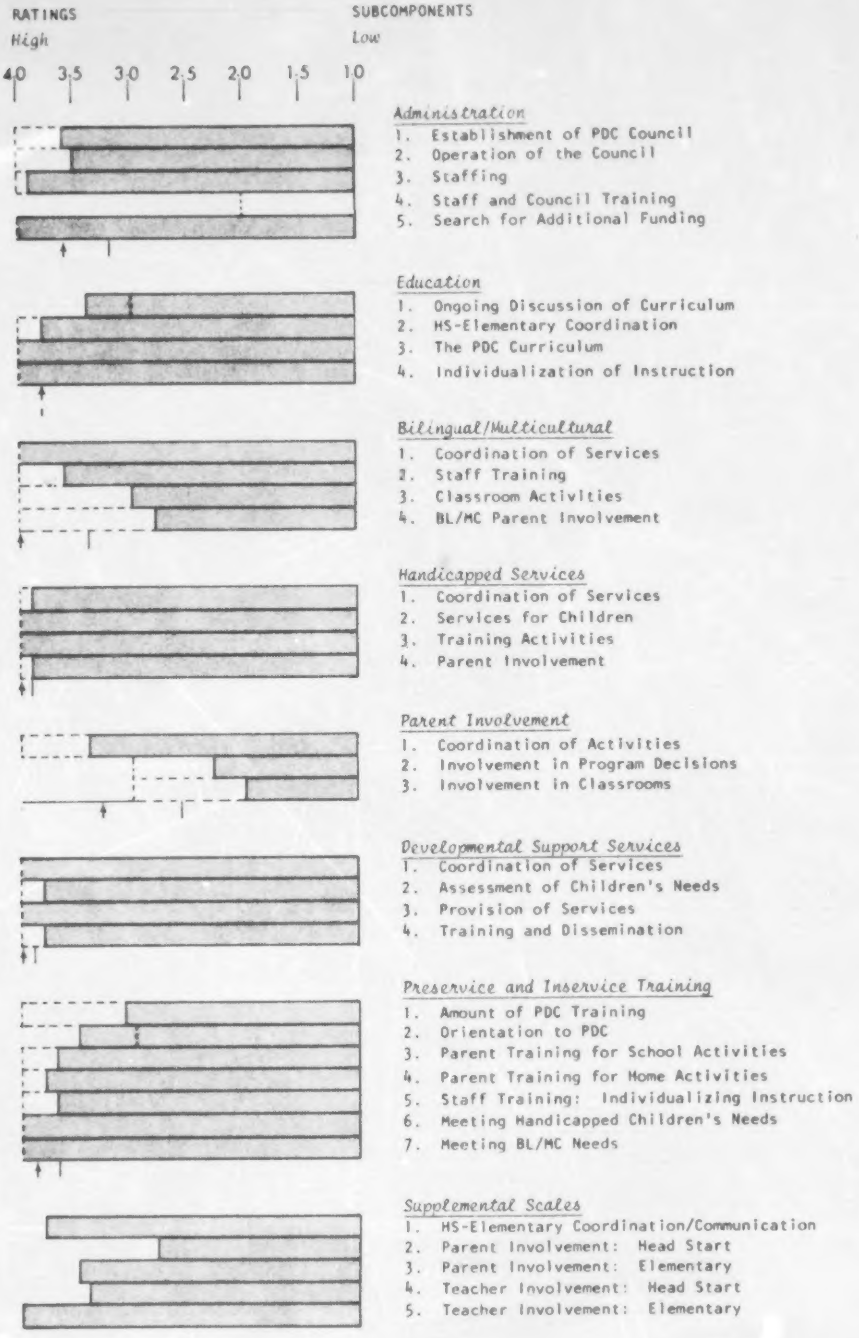
Developmental support services. The high rating in this area can be attributed to the availability of community resources which are updated yearly and the coordination efforts of the PDC support services coordinator and her two assistants, the Head Start nurse and a parent involvement/developmental support services assistant. They conduct all health screenings and coordinate all medical, dental and social services referrals for PDC children. Health screenings have been completed and referrals made for all Head Start children. Appropriate screening and testing have been done for almost all kindergarten through third grade children. Mental health screenings have been completed for Head Start and elementary children and specialists identified to provide services. Nutrition and social service assessments are made by teachers and the parent involvement coordinator, and referrals are made to the DSS coordinator who follows up with agencies and parents. All children in need of supportive services have received assistance.

Parents are encouraged to participate in the health care of their children. Home visits by the teacher are used to discuss health care. Parents also receive newsletters regarding screening procedures and support services task force meetings. The DSS coordinator teaches nutrition and health in each PDC classroom, and teachers provide additional experiences. Several training sessions have been conducted by specialists for teachers, parents and food services personnel in nutrition related to child growth and development, health education and first aid.

Training. Training received moderate to high IRI ratings. Amount of scheduled training received a somewhat lower rating because several training sessions scheduled for the month of January were canceled due to severe winter weather. Priority has been given to training teachers and parents. Teacher training emphasized individualized instruction, teaching basic skills, dealing with children with special needs, health education, first aid and multicultural education and resources. Attendance was good at training workshops for both Head Start and elementary teachers and other PDC staff. Some elementary aides attended most workshops and a few Head Start aides attended. Parent involvement training stressed child development and covered many topics essential to parent-child relationships, home-school relationships, and community resources available for a variety of special services. Attendance at training sessions has been low for Head Start parents and moderate for elementary parents. The parent involvement coordinator attributes this to the large number of parents who work (60%) or attend school (10-20%).

Figure A-9

IRI RATINGS: WEST VIRGINIA



*Information insufficient for objective and/or judgmental rating

▨ Objective Rating

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_ Mean Objective Rating

→ Mean Judgmental Rating

APPENDIX B

SUBCOMPONENT DESCRIPTIONS

ADMINISTRATION COMPONENT

Subcomponent 1. The Establishment and Membership of a PDC Council

"The grantee, in conjunction with the demonstration Head Start(s) and school(s), will insure that a Project Developmental Continuity Council is functioning in accordance with the Guidelines and the local implementation year proposal ." (RE # C1).

"The Project Developmental Continuity Council must include representatives from the following groups: a) Parents of Head Start and school children, not employed by either program, b) Head Start Policy Council and local Board of Education, c) Head Start and school administrators, d) Head Start and school staff, and e) Community, including local professional groups involved in education, health, nutrition and social services." (RE # C2).

PDC staff should participate in Council and committee meetings as non-voting members." (RE # C3).

Subcomponent 2. The Operation of the PDC Council

"The Council must be responsible for all aspects of the continuing development and implementation of the Early Childhood School (Preschool-School Linkage). The Council is ultimately responsible to the Head Start Grantee." (RE # C1).

"Information must be provided to the Council on a regular basis, thereby enabling Council members to make informed decisions in a timely and effective manner, to share professional expertise and generally be provided with staff support." (RE # C4)

'Provision must be made for regular communication among Council members and Head Start and school parents and staff throughout the implementation years." (RE # C5)

"The existing Head Start Center Committee and elementary school PTA or other group (such as those established for Title I) will continue in their current roles during the operational years. The relations of these groups to the PDC Council must be agreed upon by all parties." (RE # 57)

Subcomponent 3. Recruitment of PDC Staff and Responsibility for Coordination and Implementation of the Component Areas

"The Council should be involved in the recruitment and selection of PDC staff." (RE # C6)

"Staffing must include, at a minimum:

a) a full-time Developmental Continuity Project Coordinator, experienced in administration and knowledgeable in the fields of child development and preschool and primary education, teacher training and community services. The Project Coordinator must be responsible for the day-to-day operation of the project and insure that the required elements are implemented. The Project Coordinator will be assisted in this by other PDC staff members;

b) a full or part-time staff person responsible for coordination and implementation of the Developmental Support Services component, under the supervision of the Project Coordinator.

c) a full or part-time person responsible for coordination and implementation of the Parent Involvement component, under the supervision of the Project Coordinator; . . ." (RE # S1)

"Responsibility for other component areas must be assigned to specific staff members." (RE # S2)

Subcomponent 4. Administrative Training for PDC Staff and Council Members

"Training related to Developmental Continuity must be provided for all PDC staff and Council members. It must include review and discussion of the philosophy, goals, basic principles and required elements of the program as stated in these Guidelines, as well as, locally agreed on goals and objectives as stated in the community's operational year proposal. This training should also include a review of the local Head Start and school programs and their goals.". . . (RE # T1)

"Training must be provided for Council members in the area of decision and policy making so that they may participate as full members of the PDC Council and its subcommittees. It should involve discussion and clarification of the roles, responsibilities and goals of the PDC Council Head Start policy groups and the local Board of Education.". . . (RE # T2)

Subcomponent 5. The Search for Additional Funding Sources

"Programs are expected to seek other funding sources as necessary to supplement this grant and begin to develop alternative funding sources in anticipation of the time when the demonstration effort has ended and Project Developmental Continuity funds are no longer available." (RE # OFS1)

EDUCATION COMPONENT

Subcomponent 1. Ongoing Discussion and Refinement of the Educational Approach and Curriculum

"Teachers, aides, administrators, resource and support staff and parents must be involved in ongoing discussion and refinement of the educational approach and curriculum."

"This should include an internal assessment system, formal or informal, whereby participants continually examine their own and the project's progress in providing continuity in the educational and developmental experiences of the children and in implementing the required elements." (RE #2)

Subcomponent 2. Communication and Coordination Between the Head Start and the Elementary Staffs

"Head Start and school teaching staff must continue to maintain channels of communication and coordination and exchange information. This should include regularly scheduled meetings, conferences and workshops at mutually convenient times as well as exchanges of memoranda and/or newsletters." (RE #5)

Subcomponent 3. Development and Implementation of a Compatible Coordinated PDC Curriculum

"Head Start and schools must adapt or develop an agreed-upon compatible, coordinated curriculum for children from preschool through the third grade. The curriculum must be developmentally-appropriate and must facilitate the teaching and learning of the basic skills needed for reading, writing and computation. It must encourage the physical and social-emotional growth of children.

The plan must include a statement of goals and broad objectives in each developmental or subject matter area. Appropriate stretegies must be developed for providing continuity in the educational and developmental experiences of children, with special reference to fostering social competence and achieving comprehensive long-range goals." RE #1

Subcomponent 4. Development of a Diagnostic and Evaluative System and Individualized Instructional Programs for Children

"The curriculum approach must facilitate individualized instruction. A diagnostic and evaluative system must be utilized to implement this individualized approach.

This system should facilitate individualized instruction by enabling the teacher to pinpoint the developmental level of each child in the various curriculum areas. The teacher should then develop an instructional program for each child based upon the child's diagnosed strengths and weaknesses." (RE #3)

BILINGUAL/BICULTURAL AND/OR MULTICULTURAL COMPONENT

Subcomponent 1. Coordination of Special Services for Bilingual/Bicultural and/or Multicultural Children

"Projects that include bilingual-bicultural and/or multicultural children must coordinate *special services* to meet the educational and special social-emotional needs of the children, in order to achieve comprehensive long-range educational goals and to foster social competence." (RE # 2)

Subcomponent 2. Staff Training

"Projects must train Head Start and school staff, whether classroom, administrative, or support, to be sensitive to the needs of bilingual-bicultural and/or multicultural children (e.g., language, knowledge of cultural dynamics, valuing of their culture). Training should also include identification of resource persons and materials." (RE # 3)

Subcomponent 3. Bilingual/Bicultural and/or Multicultural Classroom Activities

"Classroom activities must be planned to include resource persons and materials related to the child's ethnic or cultural background. Parents or persons of their choice should be asked to serve as resource persons in the classroom and to participate in activities related to this component area. Use of bilingual-bicultural and/or multicultural resources, materials, and activities must not be limited to use with bilingual-bicultural and/or multicultural children. For example, materials and information on the accomplishments of members of a particular ethnic group should be woven into the curriculum for all children in the program." (RE # 4)

Subcomponent 4. Bilingual/Bicultural and/or Multicultural Parent Involvement in PDC

"Projects that include some bilingual-bicultural and/or multicultural children must solicit parent input concerning their long-range educational goals for their children with regard to language and cultural elements of the program. Every effort should be made to incorporate parent input into the ongoing program." (RE # 1)

"Projects which include some bilingual-bicultural and/or multicultural children must make available parent activities related to cultural dynamics, the values of their particular culture, and principles of multicultural education. Parents should be asked to serve as resources for such activities where appropriate." (RE # 5)

"Every effort should be made to include bilingual/bicultural and/or multicultural parents in all aspects of the PDC program. This includes regular participation on the PDC Council and related activities, classroom activities, special parent activities, and those activities that stress continuity between home, Head Start, and school. Other bilingual or bicultural parents and staff should be used for outreach purposes to inform and encourage parents of the opportunities available for involvement. When necessary, an interpreter must be made available for parents who have difficulty understanding the English language. Also, PDC notices, newsletters, and other written materials should be made available in the second language." (RE # 6)

BILINGUAL/BICULTURAL COMPONENT
(DEMONSTRATION PROGRAMS ONLY)

Subcomponent 1. Coordination of Special Services for Bilingual/Bicultural Children

"The Project Coordinator should be bilingual, knowledgeable in the field of bilingual-bicultural education, and knowledgeable in meeting the needs of the population to be served." (RE # 9)

"Staff must include a full or part-time person who is bilingual and trained in bilingual-bicultural education, responsible for coordination and implementation of the Education component, under the supervision of the Project Coordinator." (RE # 10)

Subcomponent 2. Staff Training

"Projects must train Head Start and school staff, whether classroom, administrative, or support, to be sensitive to the special needs (language, acceptance of cultural values, building of self-concept) of bilingual or bicultural children. The staff must be trained to evaluate the children's progress on an individual basis and be able to help them progress at their own pace. Training should also include identification of resource persons and materials." (RE # 2)

"Teachers must be familiar with methods of evaluating cognitive, language, and social-emotional progress of bilingual-bicultural children and be able to adapt those methods to their particular group of children." (RE # 6)

"Head Start and primary level staff must be trained in bilingual-bicultural instructional approaches. For example, in order to teach bilingual children to read in their primary language, primary level teachers must be taught specialized skills." (RE # 4)

Subcomponent 3. Bilingual/Bicultural Classroom Activities

"Preschool and school must implement compatible philosophies regarding bilingual-bicultural education, learning, and approaches to teaching.

The curriculum approach chosen by the administration, staff, and parents must be consistent from Head Start through the third grades ." (RE # 1)

"Parents must be asked to serve as resource persons and to participate in activities related to the selected bilingual/bicultural approach. Use of bicultural and multicultural resources, materials, and activities must not be limited to use with bilingual or bicultural children. For example, materials and information on accomplishments of a particular ethnic or cultural group should be woven into the curriculum of all children in the program." (RE# 3)

"A bilingual-bicultural program must provide an opportunity for all children to become bilingual if desired by the family. Language instruction in both languages must be available at the different grade levels." (RE # 3)

"Whenever possible, a full-time teacher trained in bilingual education should be a member of the teaching staff in each classroom. Where this is not possible, arrangements must be made to share the skills of persons trained in bilingual education for all bilingual children in the project." (RE # 5)

Subcomponent 4. Bilingual/Bicultural Parent Involvement in PDC

"Parents of bilingual-bicultural children must be encouraged to participate in all aspects of school activities. Parents must also be assisted in understanding the advantages of bilingual-bicultural education and must be involved in the selection of the specific bilingual-bicultural approach to be used in their site." (RE # 7)

"Every effort should be made to include bilingual or bicultural parents in all aspects of school activities. This includes regular participation on the PDC Council and related committees, and participation in classroom activities, special parent activities, and those activities that stress continuity between home, Head Start, and school. Other bilingual-bicultural parents and staff should be used for outreach purposes to inform and encourage parents of the opportunities available for involvement. When necessary, an interpreter must be made available for parents who have difficulty in understanding the English language. Also, PDC notices, newsletters, and other written materials should be available in the second language." (RE #11)

HANDICAPPED COMPONENT

Subcomponent 1. Development of a Coordianted Program of Services for Handicapped Children

"Responsibility for implementation of this component must be assigned to one person." (RE #8)

"Provision must be made for the coordination of programs and services for handicapped children. These services must be provided within the context of the regular Head Start/preschool and school programs, with appropriate special services made available." (BP #1)

"An annual survey must be conducted to determine the number of handicapped children to be served and the kinds of services that will be required. Community resources and other sources of funding must then be identified and steps taken to provide the necessary services for the children." (RE #3)

Subcomponent 2. Program Services for Handicapped Children

"Handicapped children should be integrated into the regular classroom program to the maximum extent possible. The handicapped child should be based and receive services and assistance in a regular classroom although he may leave the classroom on a regularly-scheduled basis to receive specialized services as appropriate." (RE #1)

"...previous teachers should be included in planning an effective curriculum geared to the child's abilities." (RE #5)

"Provisions must be made for early diagnosis and evaluation of children with learning disabilities, especially in the area of reading." (RE #2)

"Special materials, structural changes, or classroom reorganization must be provided as appropriate for accomodating handicapped children." (RE #7)

Subcomponent 3. Training Activities for Staff and Volunteers Working with Handicapped Children

"Classroom staff and volunteers must receive training in the skills needes to provide special individualized help to handicapped children. Training should provide background information on particular handicapping conditions. It should also provide classroom staff or volunteers with knowledge of any special technicques helpful in working with the children as well as the use of specialized materials."

"Local agencies and private physicians and therapists should be encouraged to participate in these sessions.

Subcomponent 4. Parent Involvement in the Program of Services for Handicapped Children

"Parents should be included in planning an effective curriculum geared to the child's abilities. Parents should be encouraged to visit the classroom to observe and to offer suggestions based on their own experiences with their handicapped child."

"Special training or support must be made available to the parents of handicapped children in order to help them identify their needs and steer them to available community resources. This should include group discussions and information exchanges that will help to relieve the parents' isolation, assure them that other families have similar problems and steer them to available community resources. Local voluntary agencies, departments of health and social services, and school district personnel should be mobilized to plan and conduct these sessions."

PARENT INVOLVEMENT COMPONENT

Subcomponent 1. Development of a Coordinated Parent Program

"A coordinated parent program must be implemented with and for the parents of children from Head Start through the early primary years." (BP # 1)

"Parents must be involved in Project Developmental Continuity in deciding upon and developing the nature and content of workshops, classes and other activities for parents." (RE # 1)

Subcomponent 2. Parent Involvement in Program Decision Making

"Parents must be involved in Project Developmental Continuity as members of all PDC groups making decisions about the nature and operation of the program."

Subcomponent 3. Parent Involvement in PDC Classrooms

"Parents must be involved in Project Developmental Continuity as observers, volunteers or paid aides in the Head Start and school classrooms."

DEVELOPMENTAL SUPPORT SERVICES COMPONENT

Subcomponent 1. Development of a Coordinated Program of Support Services

"A PDC staff person must be assigned responsibility for the Developmental Support Services component, on at least a half-time basis." (RE #10)

"Health, mental health and nutritional services available through community resources must be surveyed and used to the maximum extent possible. The project must establish and maintain liaison with community resources in order to provide follow-up and treatment for the children after their needs have been assessed." (RE #8)

"Discontinuities in the provision of these services between the preschool and the early primary levels should be minimized through joint programming." (RE #2)

"An important provision of medical services is continuity in record keeping and referrals... a record keeping system should be developed at each site...[including] medical and dental examination data, evaluation of the data and up-to-date information about treatment and follow-up. The record keeping system must provide for:

a) assurance that in all cases parents will be told the nature of the data to be collected and the uses to which the data will be put and that the uses will be restricted to the stated purposes;

b) giving parents a summary of the record which includes information on immunization and follow-up treatment;

c) forwarding health records, with parental consent, to the school when the child leaves Head Start." (RE #4)

Subcomponent 2. Screening and Diagnostic Assessment to Identify Children's Needs for Developmental Support Services

"The nutritional, medical, dental, mental health and social services needs of the children must be assessed upon enrollment in the project, regardless of age or grade level at the time of entry. The children's nutritional needs can be identified on the basis of their health records (height, weight, and hemoglobin or hematocrit) and information supplied by parents." (RE #1)

"...The children should be listed with one or more of these community health resources which provide the following services: a) complete medical, dental and developmental history; b) growth assessment, height, weight and age; c) vision testing; d) hearing testing; e) hemoglobin or hematocrit determination; f) tuberculin testing where indicated (see Head Start Performance Standards); g) urinalysis; h) based on community health problems, other selected screenings where appropriate, e. g., sickle cell anemia, lead poisoning and intestinal parasites; i) assessment of current immunization status; j) dental examination and follow-up and k) identifying speech problems, determining their cause and providing services." (RE #3)

Subcomponent 3. The Delivery of Support Services

"A broad range of medical, dental, mental health and nutrition services should be available to all Head Start and school children enrolled in the project in order to assist their physical, emotional, cognitive and social development toward the overall goal of social competence. (BP #1)

Subcomponent 4. Training Activities and Information Dissemination on Support Services Delivery and Health Education

"In relation to health services, plans should be made to insure that: a) parents are encouraged to become involved in the health care process relating to their child; b) parents are provided with information about all available health resources; c) staff is trained to integrate health education into the ongoing classroom and other activities; d) children are familiarized with all health services they will receive prior to the delivery of those services and e) staff and parents are provided with the opportunity to learn the principles of preventive health, emergency first aid measures and safety practices." (RE #5)

"In relation to mental health services, plans should be made to: ...d) assist staff and parents in developing a positive attitude toward mental health services." (RE #6)

"In relation to nutritional services, plans should be made to: ...b) Help staff, children and parents to understand the relation of nutrition to the child's growth and overall development and learning potential as well as general health; c) assist staff in integrating nutrition with other objectives and activities of the program; d) provide an environment which will support and promote the use of meals and snacks as an opportunity for learning; and e) provide nutritional experiences that reinforce good aspects of foods served at home, including ethnic and cultural preferences, and introduce children to a wide variety of foods." (RE #7)

PRESERVICE AND INSERVICE TRAINING COMPONENT

Subcomponent 1. Scheduled Training Sessions

> "Regular meetings for training, exchange of information and discussion must be scheduled. These meetings must include teaching staff, PDC staff, PDC Council members and parents..." (RE #10)

Subcomponent 2. Orienting PDC Teaching Staff, Parents, Council Members and Program Staff to PDC Concepts and Ideas

> "Training in the concept of Developmental Continuity must be provided for all PDC staff and Council members, teaching staff and interested parents. It must include a review and discussion of the philosophy, goals, basic principles and required elements of the program as stated in these [OCD] Guidelines as well as locally designed goals and objectives as stated in the community's operational year proposal. (Copies of the proposal must be made available to interested persons.) This training should also include an orientation to the organization, requirements and goals and philosophy of the local Head Start and school programs. Copies of the Head Start performance standards should be made available to all interested persons. Similarly, written statements of the school's philosophy and operational procedures, if available, should also be distributed to interested persons." (RE #1)

Subcomponent 3. Training Activities for Parents Participating in the Head Start Center and School

> "Training must be provided for parents in the areas of decision and policy making so that they may participate as full members of the PDC Council and its component subcommittees."
>
> "...training in how to work with teaching and administrative staff must be made available to parents." (RE #3)
>
> "Training must be provided for parents working in paid or volunteer positions in Head Start or school classrooms. The training should reflect the roles agreed upon by the parent and supervising teacher and should be planned to build upon the existing skills of the parent as well as the areas of classroom need stated by the teacher. It is assumed that ongoing training will be provided by the supervising teacher. When training is provided by persons other than the supervising teacher, the teacher should assist in planning, and participate in or be aware of the content of the training sessions." (RE #4)

Subcomponent 4. Training for Parents in Working with Their Own Children

"Training in the area of child growth and development must also be provided for parents. This training should focus on children's cognitive, language, physical, social-emotional, nutritional, medical and dental needs. Training sessions should include information on community resources available to help parents meet these needs. The training should be designed so that parents can enhance their own child-rearing skills and their availability to examine and evaluate educational curricula and practices in light of principles of child development."... (RE #4)

Subcomponent 5. Training for Teaching Staff and Administrators in Providing for Children's Growth and Development

"Training must be provided for all Head Start and school teaching staff and must include sessions in child growth and development, methods of individualizing instruction and teaching developmentally appropriate basic skills. It must include training in the use of the diagnostic and evaluative system necessary to individualize instruction." (RE #2)

"Training should be oriented to meeting the developmental needs of the total child, and should include information related to supportive, medical, dental, psychological, nutritional and social services..." (BP # 2)

"Training in how to work with parents must be provided for Head Start and school staff, including administrators." (RE #5)

Subcomponent 6. Training for Teaching Staff, Classroom Volunteers and Parents in the Skills Needed in Providing for the Needs of Handicapped Children

"Teaching staff and classroom volunteers must receive training in the skills needed to provide special individualized help to handicapped children. Training should provide background information on particular handicapping conditions. It should also provide classroom staff or volunteers with knowledge of any special techniques helpful in working with the children as well as the use of specialized materials.

Local agencies and private physicians and therapists should be encouraged to participate in these sessions. Parents and previous teachers should be included in planning an effective curriculum geared to the child's abilities. Parents should be encouraged to visit the classroom to observe and to offer suggestions based on their own experiences with their handicapped child." (RE #7)

"Special training or support must be made available to parents of handicapped children in order to help them identify their needs and steer them to available community resources. Local community agencies, departments of health and social services, and school district personnel should be mobilized to plan and conduct these sessions." (RE #8)

Subcomponent 7. Training for Head Start and School Staff to Sensitize Them to the Special Needs of Bilingual/Bicultural and/or Multicultural Children

"Projects that include bilingual and/or bicultural children must provide training for Head Start and school staffs (classroom, administrative and support) which will sensitize them to the special needs (language self-concept and cultural) of bilingual and/or bicultural children.

Bilingual and/or bicultural specialists should be mobilized to plan and conduct these sessions. In addition, lists of bilingual and or bicultural resources-human and material-should be compiled and made available to all interested groups." (RE #9)

APPENDIX C

IMPLEMENTATION STUDY DESIGN

Overview of the Design

The Implementation Study design consists of four tasks--identification of variables, data collection, data analysis, and reporting. These major tasks constitute a two-year effort designed to answer the research questions outlined in the Introduction. Discussion of the research design is organized according to the four major tasks (see Figure C-1):

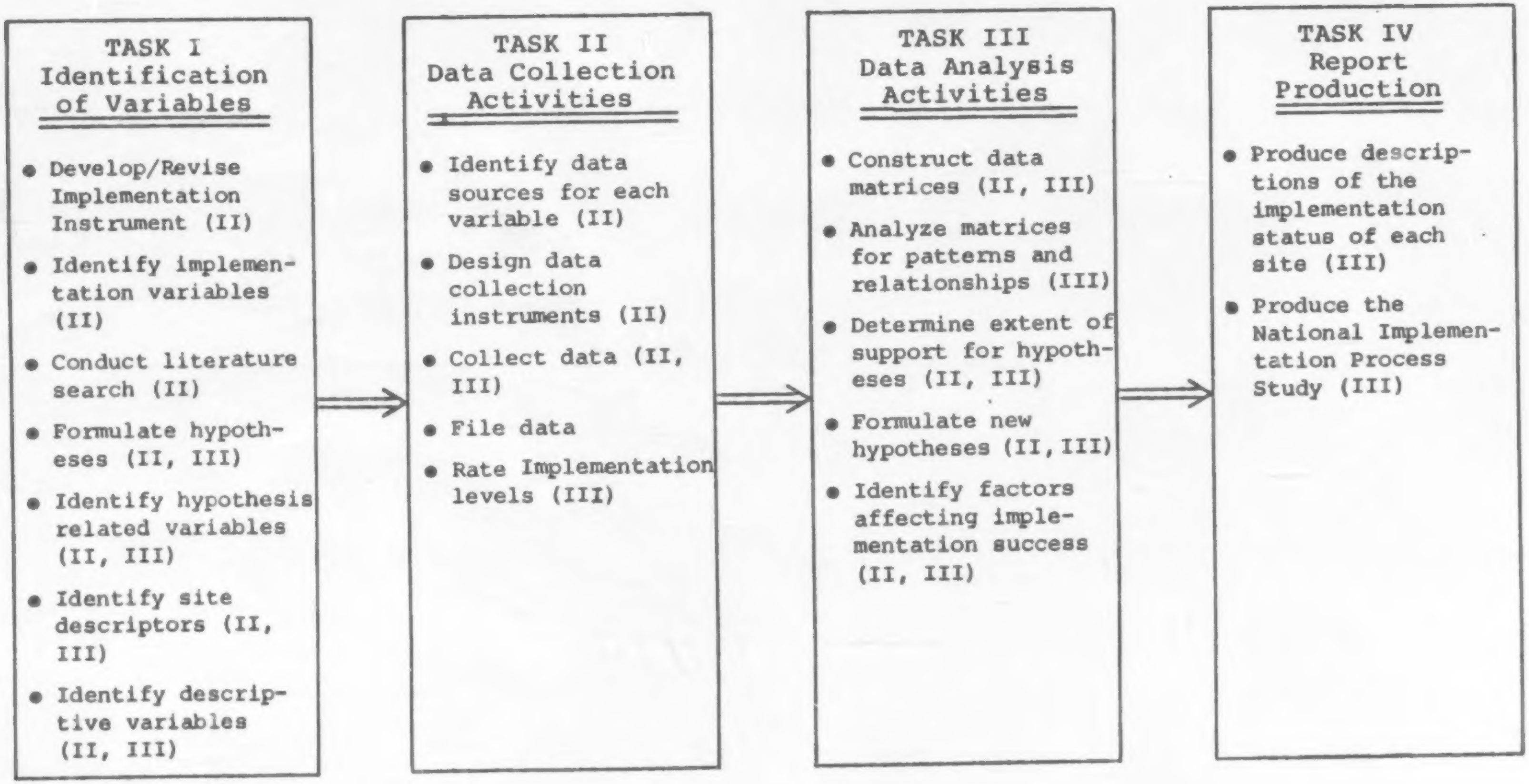
- *Identification of variables*. The creation of a variable list was a major task for the Implementation Study in Program Year II (1975-76). This list defines the categories of information to be collected from each site in order to rate implementation levels, to evaluate explanatory hypotheses, and to produce descriptions of each PDC program. The tasks in creating this list were a) to define the criteria by which implementation will be rated, b) to formulate a list of hypotheses to explain levels of implementation, and c) to identify additional information needed from sites in order to describe them adequately.

- *Data collection*. Data have been collected regularly from sites during the study. Data collection tasks include a) selection of data collection strategies suitable for each variable, b) design of data collection instruments, c) actual data collection from the sites, and d) using the data to rate implementation levels of each site.

- *Data analysis*. Data analysis tasks are to a) plan efficient strategies for organizing and processing data, b) design data analysis procedures appropriate for answering the basic research questions, and c) perform the data analysis.

Figure C-1

IMPLEMENTATION STUDY DESIGN



TASK I
Identification of Variables

- Develop/Revise Implementation Instrument (II)
- Identify implementation variables (II)
- Conduct literature search (II)
- Formulate hypotheses (II, III)
- Identify hypothesis related variables (II, III)
- Identify site descriptors (II, III)
- Identify descriptive variables (II, III)

TASK II
Data Collection Activities

- Identify data sources for each variable (II)
- Design data collection instruments (II)
- Collect data (II, III)
- File data
- Rate Implementation levels (III)

TASK III
Data Analysis Activities

- Construct data matrices (II, III)
- Analyze matrices for patterns and relationships (III)
- Determine extent of support for hypotheses (II, III)
- Formulate new hypotheses (II, III)
- Identify factors affecting implementation success (II, III)

TASK IV
Report Production

- Produce descriptions of the implementation status of each site (III)
- Produce the National Implementation Process Study (III)

Roman numerals indicate the program years
in which the activities will occur.

- *Report production*. Implementation data are being reported in two ways: an implementation status report for each site, containing detailed descriptions of each program's implementation status; and a national implementation process study report, containing implementation ratings and hypotheses about factors affecting the levels of implementation.

Task 1: Identification of Variables

Although one objective for the study is to learn as much as possible about the processes of implementation at each site, a descriptive and analytic framework is necessary if comparisons across sites are to be obtained. The initial design task for the implementation study, then, was to construct this framework by identifying the categories of information to be collected at all sites. The steps in this process of variable identification, represented schematically in Figure C-2, were completed in the fall of Year II; the list was revised following the spring 1976 field test of instruments. Three types of variables were included on the list:

- *implementation variables* which must be measured in order to assess the degree to which a program has implemented the PDC *Guidelines*;
- *hypotheses-related variables* which must be measured in order to determine whether a preliminary set of hypotheses relating implementation levels with site processes and characteristics are supported;
- *descriptive variables* which, in addition to the implementation and hypotheses variables, must be measured in order to produce an adequate description of PDC at each site.

Implementation variables were derived first from the *Guidelines* by constructing an Implementation Rating Instrument[1] and extracting variables from it (Steps 1-5 in Figure C-2). Hypothesis variables were generated from a list of hypotheses developed by staff from field experience, a literature search, and consultations with ACYF (Steps 6-9). Descriptive variables

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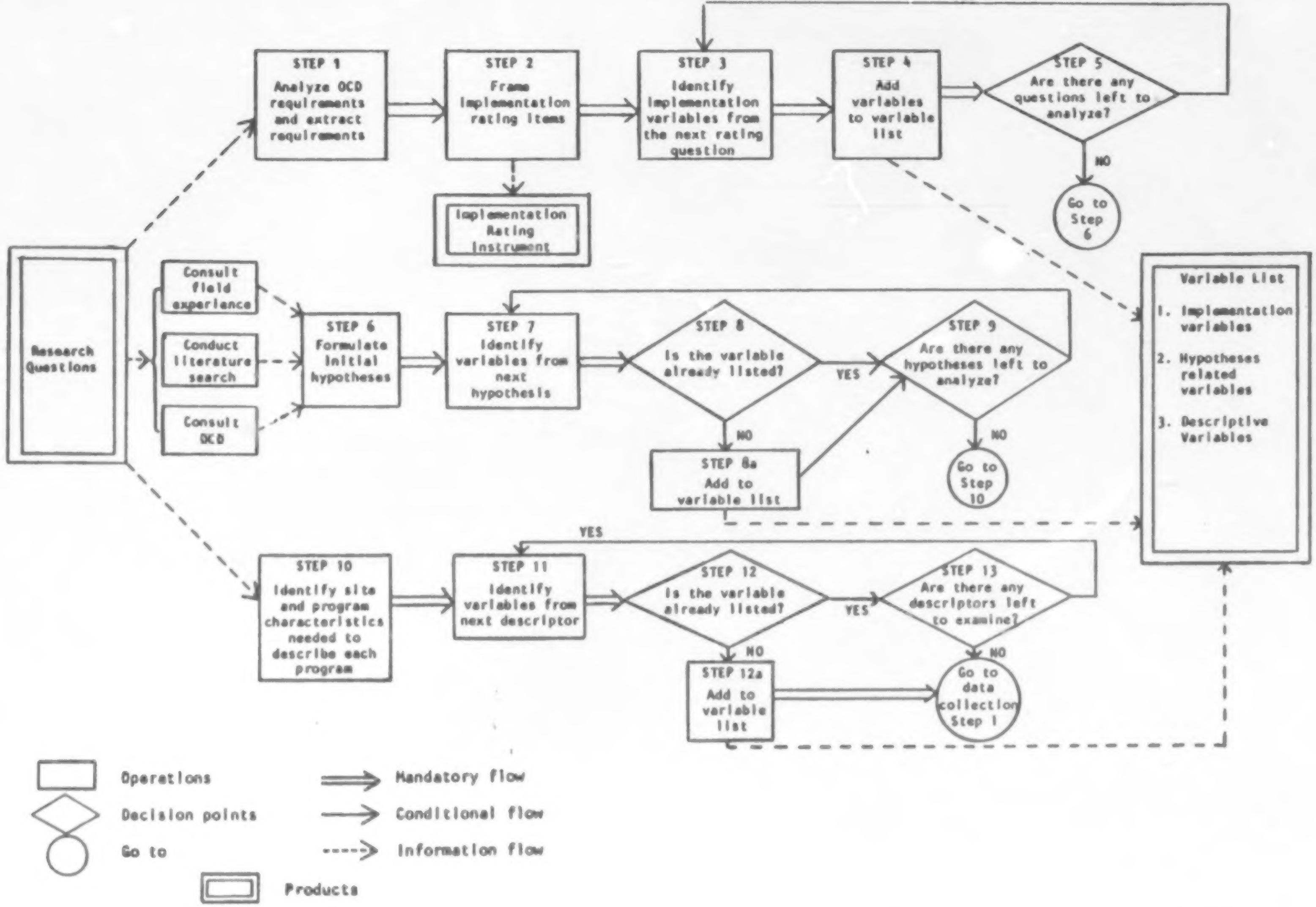
[1] The IRI is bound separately.

Figure C-2

Task 1:
IDENTIFICATION PROCESS FOR VARIABLES


YES
STEP 1
Analyze OCD requirements and extract requirements
STEP 2
Frame implementation rating items
STEP 3
Identify implementation variables from the next rating question
STEP 4
Add variables to variable list
STEP 5
Are there any questions left to analyze?
NO
Go to Step 6
Implementation Rating Instrument
Research Questions
Consult field experience
Conduct literature search
Consult OCD
STEP 6
Formulate initial hypotheses
STEP 7
Identify variables from next hypothesis
STEP 8
Is the variable already listed?
YES
NO
STEP 8a
Add to variable list
STEP 9
Are there any hypotheses left to analyze?
NO
Go to Step 10
Variable List
1. Implementation variables
2. Hypotheses related variables
3. Descriptive Variables
YES
STEP 10
Identify site and program characteristics needed to describe each program
STEP 11
Identify variables from next descriptor
STEP 12
Is the variable already listed?
YES
NO
STEP 12a
Add to variable list
STEP 13
Are there any descriptors left to examine?
NO
Go to data collection Step 1
Operations
Decision points
Go to
Mandatory flow
Conditional flow
Information flow
Products

were derived by examining the anticipated needs for describing sites and determining which of these variables were not already on the list (Steps 10-13). These steps are described below (for more complete explanation of the steps with illustrative examples, see Interim Report IV, Volume 2, August 1976).

Identifying Implementation Variables (Steps 1-5)

Step 1: Analyze Guidelines and extract requirements. The *PDC Implementation Year Guidelines* provided the source for implementation variables. In this first step toward operationalizing the *Guidelines*, the document was analyzed and individual statements of program requirements extracted. From the basic principles and required elements in the *Guidelines*, discrete requirements (i.e., "must" and "should" statements) were extracted and listed for each component. All nonredundant "must" and "should" statements were included in phrasings as close as possible to the original, without regard to their potential for being operationalized. The objective at this point in the analysis was to identify the requirements, not to interpret or operationalize them.

Step 2: Frame implementation rating items. Once a list of PDC program requirements had been identified, the next step in the design sequence was to devise a procedure for assessing systematically the degree to which sites had implemented each requirement. The product of this step was the Implementation Rating Instrument (IRI), a battery of rating scales to be applied to the data from each site.

By design, the *Guidelines* were only to provide a framework within which each site could plan its own program, rather than an actual blueprint. Thus, in designing procedures for assessing levels of implementation it was important not to impose more structure or specificity on programs than the *Guidelines* intended. Therefore, if the *Guidelines* only stated that programs must have a diagnostic and evaluative system for identifying the educational needs of individual children, without specifying features of that system, no features could be imposed in assessing implementation.

Sites could be differentiated, however, according to dimensions of required elements' implementation--regardless of how an element was interpreted locally. Three such dimensions were selected for this purpose in the initial version of the IRI:

- The _extent_ of implementation: the proportion of the target population for a required element who are actually affected by that element's implementation, or the frequency with which a required event or activity occurs.
- The _duration_ of implementation: the amount of time that has elapsed since implementation of a particular required element began.
- The _effectiveness_ of the implemented element, as perceived by individuals from the element's target population.

By applying these dimensions to each extracted requirement, a series of questions was derived which defined the information needed from a site in order to assess implementation. Extracted requirements from Step 1 which could not be operationalized and for which questions could not be formulated were omitted from the study at this point.

Having identified the dimensions and categories for assessing implementation levels, four-point rating scales were created to insure a consistent framework for interpreting answers to the questions.

The intervals between the points on the scales were set somewhat arbitrarily for the Year II field test based on staff expectations of intervals likely to reveal differences between sites. Following the Year II field test conducted at five sites, items were reworded to improve their capacity to discriminate between sites.

Almost 300 scales were generated in this manner for the Implementation Rating Instrument. These were then organized into "subcomponent" clusters, or scales within each component which address similar aspects of the PDC _Guidelines_. When analyzed, scores on items within the subcomponents are averaged to produce a single subcomponent score, which is averaged with scores from other subcomponents within a component to produce an overall component score.[1]

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[1] Clustering items into subcomponents also helps insure that each extracted program requirement will contribute equally to the overall implementation rating for a given component. If this clustering were not done, an extracted requirement which happened to generate eight IRI scales would have a greater impact on the component rating than one which had only generated four. While it can be argued that all program requirements should not be given equal weight, until there are clearer criteria upon which to base these weightings, there is no alternative but to weigh each equally.

A draft version of the complete IRI was submitted to ACYF program staff for review in January 1976 to assure that the dimensions along which sites were to be rated conformed to ACYF intentions for PDC. A revised version of the instrument incorporating their suggestions was field-tested at five sites in spring 1976. Results from this field test along with the changes made in the IRI were reported in Interim Report IV, Volume 2 (Chapter III).

Steps 3-5: Identifying implementation variables. The task in these steps was to identify the information needed to describe and rate each program's implementation. The list of implementation variables was constructed in two stages: first, the IRI rating scales were examined to determine the information required to perform the ratings. Next, this initial Variable List was reviewed and items added to insure that data necessary for describing the implementation as well as rating it were included.

Identifying Hypotheses-Related Variables (Steps 6-9)

The procedure illustrated in Steps 6 through 9 on the flow chart in Figure C-2 was used to derive variables that would need to be measured in order to determine whether the explanatory hypotheses are supported.

Step 6: Formulate an initial list of hypotheses. After implementation rating criteria, procedures, and variables had been identified, the next design activity was the formulation of an initial list of hypotheses relating site organization and process characteristics to rated levels of implementation. This initial list has been, and will continue to be refined, pruned, and expanded throughout the implementation study, and will culminate, (a) in a list of testable hypotheses for future research, and (b) a set of statements summarizing the "lessons" learned from the first three years of PDC about the relationships between process and organizational factors and implementation success.

Hypotheses were obtained from three sources:

- knowledge of PDC programs obtained by staff members during planning year and fall 1975 site visits;
- review of the literature in the fields of educational and organizational change and innovation;
- consultations with PDC program staff.

These hypotheses were presented in Interim Report IV and were reviewed with PDC program staffs during the winter 1977 site visits.

Steps 7-9: Identification of hypotheses-related variables. As hypotheses were identified, the information needed to evaluate each at all sites was next identified. These hypotheses-related variables were then added to the Variable List.

The analytic procedure for this step was the same as that used to identify implementation variables: hypotheses were examined and the dependent and independent variables identified. After the variables had been identified, those not already among the implementation variables were added to the list.

Identifying Descriptive Variables (Steps 10-13)

Step 10: Identification of descriptive variables needed to produce a descriptive report for each site. Not all information needed about each site would be identified through the above design activities. Implementation variables only identify information needed to describe each PDC site in terms of the PDC *Guidelines*. Hypothesis variables only identify site characteristics suspected of exerting some influence over a site's implementation of the *Guidelines*. Some additional descriptors are needed in order to produce adequate reports describing each site.

The process of identifying descriptive variables was much like that described for the implementation and hypothesis variables. After staff discussions of the descriptive needs for site reports, a list of descriptors was identified. This list included such items as the demographic characteristics of the community served by the PDC program, the events leading to the introduction of PDC in the community, the background of key program personnel, etc. Some items were included among the descriptors because it was suspected that future hypotheses might be formulated from them. Next, variables were formulated from the list of discriptors. Variables not already on the Variable List were then added to it.

Task 2: Data Collection

The basic data collection tasks were to (a) determine the optimum methods for obtaining each category of information identified on the Variable List; (b) design instruments to collect the data; (c) collect the data; and (d) complete the IRI rating scales for each site. The sequence of these activities is represented schematically in Figure C-3.

In the original design (Interim Report III) full-scale data collections and implementation ratings were to have occurred twice--once at the end of Program Year II, and again in the spring of Year III. Delays by the Office of Management and Budget in approving the data collection forms, however, forced a reduction in these plans for Year II to a field test of the interview forms and IRI at five sites, and a reduced collection effort at the remaining nine; in Year III, implementation data could only be collected at nine sites and interviews with teachers and parents could not be completed because more than nine respondents would have been involved.

Step 1: Decide on appropriate data collection strategies for each variable. In this step each variable on the list was examined and a series of decisions made:

- Have the necessary data already been collected?[1]
- If the data for a variable have already been collected, is more recent information needed?
- If more recent information is required, or if data for the variable have never been collected, what is the most appropriate strategy for collecting it?

Eight data collection strategies have been developed, either for the Implementation Study specifically, or for the Impact or Cost Studies. These strategies are:

- Structured interviews to be conducted with PDC administrative and teaching staffs during site visits by teams from the contractor and subcontractor;

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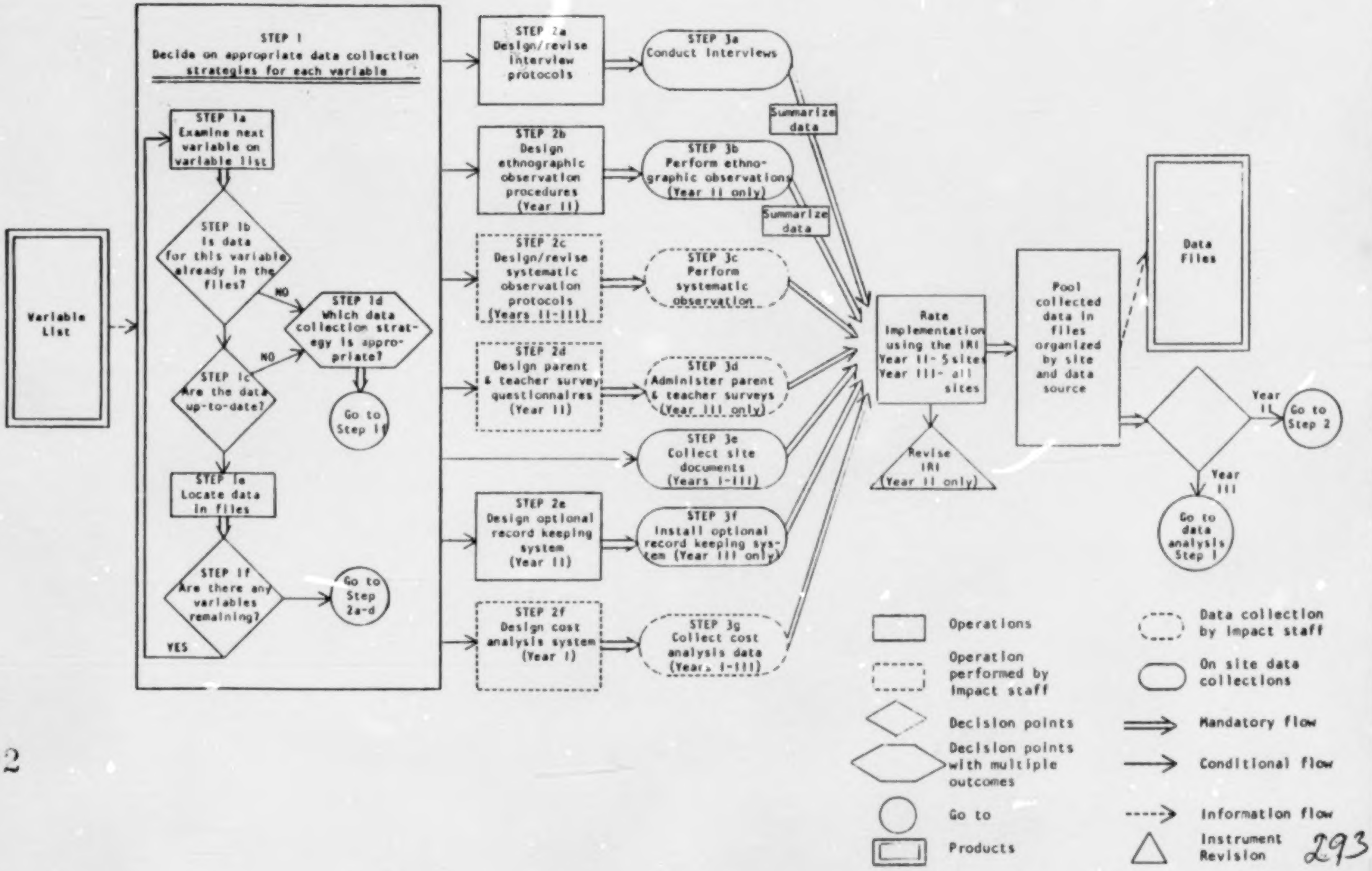
[1] Data collection from the sites began in the Planning Year (1974-75) with the gathering of information for the case studies. The first collection guided by this design was not until the winter site visit of Program Year II.

Figure C-3

TASK 2:
DATA COLLECTION PROCESS
Program Year I, II, and III


Variable List
STEP 1
Decide on appropriate data collection strategies for each variable
STEP 1a
Examine next variable on variable list
STEP 1b
Is data for this variable already in the files?
NO
STEP 1c
Are the data up-to-date?
NO
STEP 1d
Which data collection strategy is appropriate?
Go to Step 1f
STEP 1e
Locate data in files
STEP 1f
Are there any variables remaining?
YES
Go to Step 2a-d
STEP 2a
Design/revise interview protocols
STEP 2b
Design ethnographic observation procedures (Year II)
STEP 2c
Design/revise systematic observation protocols (Years II-III)
STEP 2d
Design parent & teacher survey questionnaires (Year II)
STEP 2e
Design optional record keeping system (Year II)
STEP 2f
Design cost analysis system (Year I)
STEP 3a
Conduct interviews
STEP 3b
Perform ethnographic observations (Year II only)
STEP 3c
Perform systematic observation
STEP 3d
Administer parent & teacher surveys (Year III only)
STEP 3e
Collect site documents (Years I-III)
STEP 3f
Install optional record keeping system (Year III only)
STEP 3g
Collect cost analysis data (Years I-III)
Summarize data
Summarize data
Rate implementation using the IRI Year II- 5 sites Year III- all sites
Revise IRI (Year II only)
Pool collected data in files organized by site and data source
Data Files
Year II
Go to Step 2
Year III
Go to data analysis Step I
Operations
Operation performed by Impact staff
Decision points
Decision points with multiple outcomes
Go to
Products
Data collection by Impact staff
On site data collections
Mandatory flow
Conditional flow
Information flow
Instrument Revision

- Ethnographic (i.e., non-instrumented) observations of PDC classes and activities performed by High/Scope staff during site visits (Year II only);
- Systematic observations of PDC classes performed by local testers trained by High/Scope using an observation instrument designed by High/Scope (Years II and III);
- Parent Survey questionnaires mailed to a random sample of PDC and comparison school parents as part of the Impact Study (Year III only);[1]
- Teacher Surveys conducted with a sample of PDC and comparison school teachers as part of the Impact Study (Year III only);[1]
- Documents (i.e., proposals, curriculum statements, etc.) collected from sites (Years I-III);
- Data collected as part of the cost analysis (Years II-III);
- An optional onsite record-keeping system to be used by PDC staff to record needed information on PDC meetings, training activities, and delivery of required health and social services.

Data for most of the variables have been obtained through the structured interviews, with the other strategies supplying auxiliary or verification information. Site documents, the record-keeping system, and Cost Study data have been, however, a primary source for certain highly quantitative data (for example, average monthly volunteer hours) which would be difficult and time-consuming to collect in interviews. The Parent Survey was to have obtained opinions from parents about the effectiveness with which various parent involvement requirements have been implemented. Data on the actual number and kinds of parent activities were obtained from the other sources.

Step 2: Design data collection instruments. After the procedure for addressing each variable was identified, instruments were designed to insure that the needed information would be collected.

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[1] The Parent and Teacher Surveys could not be administered due to delays in obtaining forms clearance from OMB.

Step 3: Collect data. Data collection activities have occurred throughout the study. A schedule of collection times for each methodology is provided in Figures C-4 and C-5.

Systematic classroom observations were completed by local testers in the fall and spring of Program Years II and III at Head Start centers only. Cost data were collected continuously throughout both years, with site visits by cost specialists from the subcontractor occurring twice in Year II and once in Year III.

Data collected in individual interviews and ethnographic observations were summarized by site visitors at the end of the site visit. Both the summaries and raw data were then placed into the data files.

Step 4: Rate implementation using the IRI. Full-scale rating of program implementation occurred during the Year III site visits. The primary sources of data for the rating of implementation levels were the structured interviews conducted during that site visit. At the end of the site visit week, the site visit teams met to consolidate their information and complete the IRI ratings.

Site visitors also performed a second set of implementation ratings designed to incorporate more latitude into the assessment process. Whereas the IRI contains a battery of scales with clearly defined criteria for rating (e.g., the number of classrooms in which a given requirement had been implemented), this second set of scales is less restricted, less quantitative, and more judgmental.

After the specific ratings were completed on each IRI subcomponent, raters reassessed implementation along four dimensions: breadth, intensity, effectiveness, and overall level of implementation. For these judgmental ratings, assessments were based upon whatever information raters could bring to bear on the site's implementation experience. Mitigating circumstances could be taken into account, so that if a site had achieved implementation of the diagnostic and evaluative system in only 25% of its PDC classrooms, but because of a fall teachers strike this represented a singular implementation achievement, that site might still receive a high rating on these judgmental scales.

Figure C-4

DATA COLLECTION SCHEDULE: PROGRAM YEAR II

Method	Information Collected	Collected by:	Respondents	Collection Dates
1. Structured Interviews	Implementation, hypothesis and descriptive variables; general explanations for levels of implementation. The basic data collection strategy.	High/Scope and DA staff	PDC administrative and teaching staff, parents, Head Start and school administrators	One-week site visits: Fall, 1975--all sites Winter, 1976--all sites Spring, 1976-- 5 sites: field test of forms to be used in PY III 9 sites: implementation data collection
2. Ethnographic Observations	Implementation and descriptive variables	High/Scope staff	One class at each Head Start and elementary grade level	Site visit: Winter, 1976
3. Systematic Observations[1]	Implementation and descriptive variables	Local testers trained by High/Scope	Head Start children (randomly selected)	Fall, 1975 Spring, 1976
4. Site Documents	Implementation, hypothesis and descriptive variables	High/Scope staff	PDC staff	Primarily during site visits: Fall, 1975 Winter, 1976 Spring, 1976
5. Cost Analysis[2]	Implementation variables	DA staff	PDC administrative staff	Continually through PY II; site visits: Fall, 1975 Spring 1976
6. Optional Record Keeping System	Implementation and descriptive variables	High/Scope staff	PDC staff; committee chairmen	(Designed, PY II)

[1] Procedures designed and conducted by Impact Study staff

[2] Procedures designed and conducted by Cost Analysis staff

Figure C-5

DATA COLLECTION SCHEDULE: PROGRAM YEAR III

Method	Information Collected	Collected by:	Respondents	Collection Dates
1. Structured Interviews	Implementation, hypothesis and descriptive variables; general explanations for levels of implementation. The basic data collection instrument	High/Scope and DA staff	PDC staff most knowledgable in each component area 2 PDC teachers at each grade level Principals PDC Council members	One-week site visits: January-February, 1977[3]
2. Systematic Observations[1]	Implementation and descriptive variables	Local testers trained by High/Scope	Head Start children (randomly selected)	Fall, 1976 Spring, 1977
3. Parent Survey[1]	Implementation variables (primarily perceptions of effectiveness of implementation)	Questionnaire mailed from High/Scope	100 randomly selected PDC parents at each site	Spring, 1977[3]
4. Site Documents	Implementation, hypothesis and descriptive variables	High/Scope staff	PDC staff	Primarily during site visits: Winter, 1977
5. Cost Analysis[2]	Implementation variables	DA staff	PDC administrative staff	Continually through PY III; site visits: Spring, 1977
6. Optional Record Keeping System	Implementation and descriptive variables	Local program staff	PDC staff; committee chairmen	Continually through PY III; site visits: Winter, 1977
7. Teacher Survey	Perceptions of program implementation	High/Scope staff	150 PDC and 150 comparison school teachers at each site.	Winter, 1977[3]

[1] Procedures designed and conducted by Impact Study staff

[2] Procedures designed and conducted by Cost Analysis staff

[3] Failure to receive OMB clearance restricted the collection of Structured interviews and prevented collection of the Parent and Teacher Surveys.

When analyzed, the IRI scores are compared with the judgmental scores. When discrepancies appear, possible explanations are discussed.

Step 5: Pool collected data in files. Data from all sources were pooled into a single file for each site. Both raw and processed data are included. Processed data include monitoring reports for each site from Year I, interim implementation status reports from fall 1975, site proposals, interview summaries from each site visit, case studies from Program Year I, and summaries of data collected by the Impact and Cost Studies. Raw data include individual interview responses, ethnographic observation notes, and site documents such as curriculum statements, meeting minutes, and so forth.

Task 3: Data Analysis

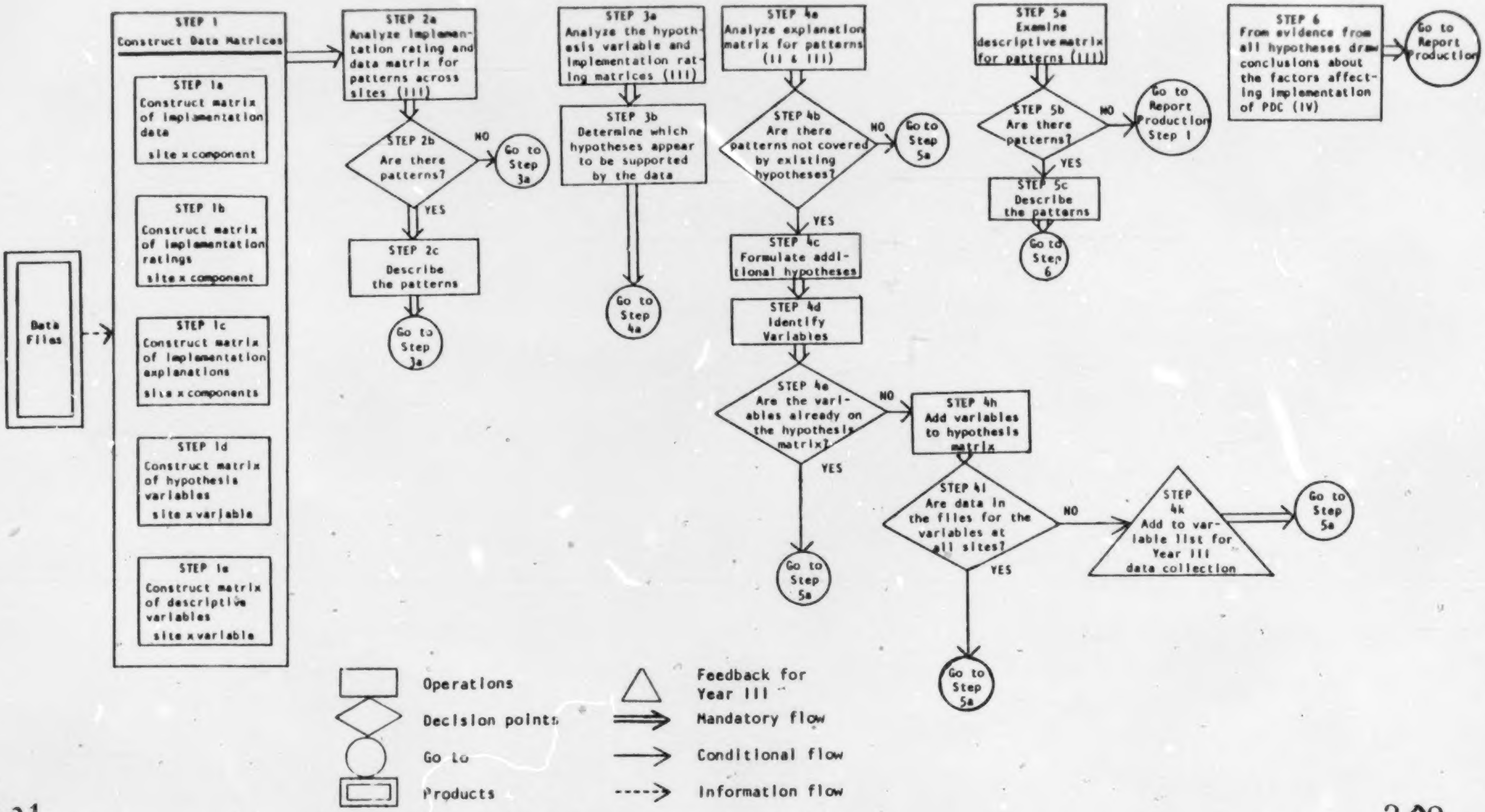
Because of the descriptive nature of much of the information collected from the sites, and the largely inductive nature of the study, large amounts of qualitative, uncoded data were obtained using the methods described in the preceding section. These data must be analyzed systematically and efficiently to identify patterns in the implementation experiences of the PDC programs and to generate hypotheses for their explanation. Most of the data analysis (Figure C-6) has occurred in Year III; the process is an inductive one, beginning with the organization of files of pooled data from each site into a set of matrices which facilitate rapid comparisons of similar categories of information from different sites. These matrices are then analyzed for patterns.

Organizing the Data (Step 1)

Data from all sources have been organized into five matrices: one matrix for each of the three categories of variables on the Variable List, a separate matrix for the IRI scores, and a final matrix containing the explanations obtained from sites for their levels of implementation in each component. Because of the quantities of information involved, and the need for easy juxtaposition of matrices, the "cells" of a given matrix are generally represented by separate file folders containing extensive written descriptions.

Figure C-6

Task 3:
DATA ANALYSIS PROCESS


Data Files
STEP 1
Construct Data Matrices
STEP 1a
Construct matrix of implementation data
site x component
STEP 1b
Construct matrix of implementation ratings
site x component
STEP 1c
Construct matrix of implementation explanations
site x components
STEP 1d
Construct matrix of hypothesis variables
site x variable
STEP 1e
Construct matrix of descriptive variables
site x variable
STEP 2a
Analyze implementation rating and data matrix for patterns across sites (III)
STEP 2b
Are there patterns?
NO
Go to Step 3a
YES
STEP 2c
Describe the patterns
Go to Step 3a
STEP 3a
Analyze the hypothesis variable and implementation rating matrices (III)
STEP 3b
Determine which hypotheses appear to be supported by the data
Go to Step 4a
STEP 4a
Analyze explanation matrix for patterns (II & III)
STEP 4b
Are there patterns not covered by existing hypotheses?
NO
Go to Step 5a
YES
STEP 4c
Formulate additional hypotheses
STEP 4d
Identify Variables
STEP 4e
Are the variables already on the hypothesis matrix?
NO
YES
Go to Step 5a
STEP 4h
Add variables to hypothesis matrix
STEP 4i
Are data in the files for the variables at all sites?
NO
YES
Go to Step 5a
STEP 4k
Add to variable list for Year III data collection
Go to Step 5a
STEP 5a
Examine descriptive matrix for patterns (III)
STEP 5b
Are there patterns?
NO
Go to Report Production Step 1
YES
STEP 5c
Describe the patterns
Go to Step 6
STEP 6
From evidence from all hypotheses draw conclusions about the factors affecting implementation of PDC (IV)
Go to Report Production
Operations
Decision points
Go to
Products
Feedback for Year III
Mandatory flow
Conditional flow
Information flow

Roman numerals indicate the program years in which the activities will occur.

Step 1a: Construct a matrix of implementation data (Years II and III). The first matrix contains data needed to complete the IRI ratings, organized by site and Guideline component. The contents of each cell are further organized by IRI subcomponent (i.e., variables addressing the same extracted Guideline requirements). Thus, for the education component there is on the matrix a row of 14 cells, each containing information about education component implementation variables at a PDC site. The information within cells is organized according to IRI subcomponents: there is, for example, a description of the diagnostic and evaluative system, a report on the judgments of teachers as to that system's effectiveness and information on the extent to which the system had been implemented at the site in question. Similar data are also included for other education component clusters, such as the PDC plan for individualization of instruction, development of a coordinated curriculum, etc. This matrix has been updated following each site visit.

Step 1b: Construct a matrix of implementation ratings (Year III only). The previous matrix contained the information needed to complete the IRI ratings for each site; this second matrix contains the actual products of those ratings--the IRI and judgmental rating scores. The matrix is also organized by site and component, with each cell organized by subcomponents. Thus, each cell contains an IRI score for each subcomponent, a judgmental rating score for the same clusters, and overall scores for the entire component derived from each rating system.

Step 1c: Construct a matrix of implementation explanations (Years II and III). As part of the implementation rating process, site visitors have been investigating and reporting local factors, conditions, or events which affect implementation. This explanatory information, derived from several sources, is organized in this matrix. Like the preceding matrices, the axes on the implementation explanation matrix are sites and components, with each component organized by cluster. For example, a site may have been unable to implement its diagnostic and evaluative system because teachers had voted against using inservice training days for instruction in its use. This explanation would be entered on the matrix in the diagnostic and evaluative system section of the education component cell for that site.

Step 1d: Construct matrix of hypotheses-related data (Years II and III). The information needed to evaluate the extent of empirical support for the hypotheses generated earlier was organized into a matrix by site and individual variable (rather than by Guideline component as in the preceding matrices). Each cell contains the data for a specific hypothesis variable at a given site. A hypothetical example of a section of this matrix is illustrated below:

		SITES	
		A	B
VARIABLES	Teacher Recruitment Procedure	Teachers compatible with PDC philosophy actively recruited by PDC staff from all schools in district.	No recruitment or selection of teachers. Teachers previously in school retained for PDC.
	Number of Bilingual Head Start Teachers	4 (100% of total)	4 (25% of total)
	Number of Bilingual Elementary Teachers	10 (50% of total)	0

Step 1e: Construct matrix of descriptive variables (Year III only). The final matrix organizes data collected to complete the descriptions of each program beyond what has already been obtained as part of the assessment of implementation or hypotheses. Like the hypothesis variable matrix, the descriptive variable matrix is organized by variables and sites, with each cell containing information on a specific variable at one site. Examples of a few hypothetical cells from this matrix are illustrated below.

		SITES		
		A	B	C
VARIABLES	Population of Community	25,000	500,000	1,540,000
	Total Number of Schools in District	4	14	25

Analyzing the Data (Steps 2-6)

Once organized, the data matrices are analyzed qualitatively for patterns and relationships.[1] The analytic tasks are as follows:

- Step 2--Analyze the implementation data and rating matrices to discover patterns in implementation experiences across sites;
- Step 3--Analyze the hypothesis-variable matrix to determine the extent of support for existing hypotheses;
- Step 4--Analyze the implementation explanation matrix to determine whether additional unanticipated causal factors emerge from the data for which new hypotheses must be formulated;
- Step 5--Analyze the descriptive variable matrix for patterns;
- Step 6--Formulate conclusions and findings for reporting.

Step 2: Analyze implementation rating and data matrices for patterns. The implementation data matrices and implementation rating matrices are analyzed for four types of patterns, or relationships:

- Patterns in the levels and varieties of implementation for each site, across components;
- Patterns in the levels and varieties of implementation for each component, across sites;
- Relationships within sites between implementation scores in one component or cluster and those in another component or cluster;
- Relationships between degrees and features of implementation success and degrees of measured program impacts.

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[1] The small number of project sites precludes effective use of statistical procedures.

Patterns of the first type are identified by reading down each column in the implementation matrices; this reading produces an implementation "profile" for each site. These composite profiles are then compared across sites to identify regularities in general implementation levels at all sites.

Patterns of the second variety are identified by reading across each row of the two matrices. Such an examination could, for example, reveal that several sites had equal difficulty implementing the parent involvement component, whatever the reasons. It could also reveal that the best implemented sites used the same commercially available diagnostic and evaluative system, while sites which opted to design their own systems were unable to achieve substantial implementation (the examples are hypothetical).

The third variety of pattern is discovered through analyses of relationships among the component and subcomponent scores in the implementation data matrix. Each component and cluster score is examined to identify relationships between implementation success in one program area and success in others.

Patterns of the fourth variety are identified by relating implementation rating scores with outcome data obtained through child testing and surveys of parents and teachers.

Step 3: Analyze the hypothesis variable and implementation rating matrices for patterns. The objective in this next analytic step is to discover patterned relationships between hypothesized independent variables on the one hand, and implementation rating levels on the other. Two types of relationships are examined in the hypotheses:

- Relationships between implementation of two Guideline requirements (e.g., "sites with a functioning PDC Council will have higher implementation ratings for the parent involvement component");

- Relationships between independent process factors or organizational characteristics and implementation ratings for given components or clusters (e.g., "sites with voluntary teacher participation will have higher implementation for the education component");

Analysis for relationships of the first type described above are based on the implementation rating matrix only; analyses for the other type of relationships use both the implementation rating matrix and the hypothesis variable matrix. These analyses involve three steps:

- Review each hypothesis to determine the nature and direction of the predicted relationship between the independent and dependent variables;
- Locate the dependent and independent variables from the hypothesis on the appropriate matrices;
- Determine the extent to which the hypothesis is supported by the data.

Step 4: Analyze the explanation matrix for patterns. The explanation matrix was a primary source for new hypotheses for investigation in Year III. Thus, this analysis began in Year II and was reported in Interim Report IV. Explanations supplied by sites for their implementation successes and failures were examined for patterns across sites. Where such patterns were found, they were examined to determine whether the explanatory factors involved had already been identified in existing hypotheses. For those factors not already included in the hypothesis list, new hypotheses were formulated and added to the list. If the data necessary to evaluate any new hypothesis at all sites were in the files already, the independent variable was simply added to the hypothesis variable matrix and the hypotheses were evaluated at all sites following the procedures outlined for Step 3.

Step 5: Examine descriptive matrix for patterns. The principal function of the descriptive matrix was to organize data needed to complete the necessary description of each site. These data were also analyzed for patterns so that summary statements about trends among characteristics of all the programs could be included in this report.

Step 6: Draw conclusions from the analyses. After all data have been analyzed and patterns and relationships identified, answers to the original research questions will be formulated for inclusion in the Implementation Study interim report for Year III.

Task 4: Report Production

Two types of reports have been, or will be prepared for ACYF from these analyses: Site Implementation Reports and a report on the national implementation study.

Site Implementation Reports

Submission Dates: March 1, 1976
August 31, 1977

The Site Implementation Reports will contain descriptive accounts of implementation activities at each of the sites for each program year. They are intended to supply answers to the following research question:

What is the nature of the PDC program at each site?

The first set of these reports, based upon information organized within the implementation data matrix, was prepared following the fall 1975 site visit; the second set constitutes Volume 2 of the present report.

Findings from the PDC Implementation Study

Submission Date: August 31, 1977

Whereas the Site Implementation Reports are descriptions of the PDC program at each site, the report on Findings from the PDC Implementation Study contains analyses of that descriptive data. Specifically, the report (the present Interim Report VII) contains answers to the following research questions:

To what extent has each program implemented the PDC Guidelines for each program component?

What trends are there across sites with respect to these levels of implementation?

What patterns are there in sites' implementation activities in each component area?

What factors have shaped or affected the implementation of PDC at each site?

What patterns are there across sites with respect to the factors affecting or shaping the implementation of PDC?

APPENDIX D

ARIZONA PDC CASE STUDY

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I

Introduction

Purpose of This Report

This report has been written to describe the implementation processes and activities at the Arizona PDC site, as well as the impact that the program has had on the children and the community. Discussions relating to the Navajo community and its historical-cultural background have been included to enable the reader to understand the setting into which PDC was introduced since the setting has affected the extent to which the program has implemented the basic PDC guidelines. Due to several problems encountered during the planning and first operational years and because of the amount of time spent explaining the program to the community, many of the PDC program guidelines were not addressed until the second operational year. This fact contributed to the decision to use a case study approach in evaluating the Arizona PDC site so that the many factors and events which shaped program implementation could be described.

Another reason for using the case study approach was that quantifiable impact data could not be collected on the PDC children since adequate test instruments were not available in the Navajo language. Parent interviews would also have been very difficult, if not impossible, to arrange because of the distances to the parents' homes, the lack of telephones on the reservations, and the lack of Navajo language interpreters.

This report, then, describes the Navajo community, the background of PDC program planning and implementation, what the PDC program in Arizona looks like now, and the impact that the program has had on the program participants, institutions, and community.

Methodology

The data contained in this report were collected during two week-long site visits to the project during December 1976 and May 1977. These visits were made by one person who is familiar with the Navajo culture. Prior to the site visits, a set of interview guides was developed by the site visitor and other High/Scope and Development Associates staff. The instruments were designed to gather data concerning program planning progress and factors which influenced program implementation. The primary source for this type of information was the PDC coordinator. Additional sources were the PDC administrative staff, the tribal councilman, the elementary school principal, the elementary school education specialist, the Public Health field nurse, the chairperson of the PDC Council, grantee (Office of Navajo Economic Opportunity) staff, and the directors or coordinators of various community agencies.

Additional information was collected to assess the impact of PDC on the institutions, the teachers, the parents, and the children. Respondents, including the sources listed above and teachers and parents, were asked if there had been any change in the past three years due to PDC. (Samples of the questions for each impact area are listed in Chapter V.) While the responses to these questions were not quantifiable, they did indicate the program participants' opinions about the impact of PDC.

II

Historical and Cultural Background

The Arizona site is unique among PDC sites because it is the only Native-American community. The mother language and culture of this area are Navajo and a tribal government represents the individual and controls most legal matters. The Navajo Nation deals directly with the federal government just as states do and occupies parts of north-central and northeastern Arizona, northwestern New Mexico, and southeastern Utah.

The Navajo Concept of Political/Social Organization

In order to understand the diverse factors which have affected the implementation of the Navajo PDC program, the process should be viewed from both a historical and cultural perspective. At the time of the signing of the 1868 treaty between the Navajo tribe and the U. S. government, there was no central Navajo tribal government and no formal tribal political organization. At that time, each chief had supreme control over his clan or band within the tribe. It was not until 1934, as a result of the Indian Reorganization Act, that the Tribal Council, in essentially its present form, became operative.

The Tribal Council is composed of 74 elected members presided over by an elected Chairman and Vice-Chairman. The delegates, one from each election district, are elected annually, and the Chairman and Vice-Chairman are elected every four years. In general, each delegate represents approximately 1,600 Navajos and is responsible for reporting the actions of the Council to the people of his district at regularly scheduled community (or chapter) meetings held in local chapter houses. The chapter house system was begun in the mid-1920s by the Bureau of Indian Affairs (BIA) in order to establish a medium through which the Navajo people could participate in tribal government. Since the largest effective unit of social and political organization had always been the local community, the chapter house system was compatible with local tradition. Chapter meetings presented an opportunity for BIA representatives and younger, well-educated Navajos to influence and improve livestock and agricultural techniques, modernize the educational system, and so forth. Originally, their major function was in the area of grazing rights.

The chapter movement spread rapidly throughout the reservation but declined in importance during the years of controversy over livestock reduction and range management (1932-1950). However, in the 1950s, the movement was revived and has grown steadily so that today there are 96 chapters on the reservation.

Current federal government policies which are designed to encourage tribes to assume greater responsibility for the management of their own affairs have created a favorable climate for the development of the chapter system. Also, with the increase of tribal income from the development of natural resources, plans have been developed for expansion of the chapter system throughout the reservation. The Department of Community Development of the Navajo Tribal Government is responsible for overseeing the construction and maintenance of chapter houses and community centers as well as providing both technical and financial assistance to the chapters.

The chapter movement has also encouraged the Navajo people to assume greater responsibility for planning and financing resource development and community service programs. Today, many of the larger chapters are initiating long-range physical development of their communities by seeking the services of professional planners for the design of small towns and the survey of employment potential. In addition, many of these chapter houses are now providing a local office for their tribal council member, as well as offices for federal and tribal personnel who are involved in community improvement. With the current emphasis on strengthening the chapter house concept, they will eventually monitor programs operating within their respective areas on a formal and regular basis. Specifically, chapter tribal governments are charged with overseeing, reviewing, and approving all activities which are conducted within their communities. Since the chapter leaders generally lack experience in the various program areas, project personnel usually make a detailed presentation of their program or activities and if there are no issues of major concern, the program or activities are approved. Thus, the decision-making process affecting most programs has been just a formality and issues have not been analyzed and tied to overall community goals and priorities. A process is emerging, however, through which a comprehensive analysis is completed by a reviewing committee composed of staff members from support services programs who are knowledgeable about or have expertise in the program areas. This committee presents its findings and makes recommendations to chapter officials and community residents for their review and final consideration. According to PDC staff, this is a change from when the decision-making process included only persons with formal education or persons in professional or paraprofessional jobs.

Local chapters in general are becoming involved in the educational programs operating in their areas. The service population of PDC includes three chapter areas. Unfortunately, these chapters were not involved in the PDC program during the initial stages. When the present PDC coordinator assumed responsibility for the program during the first operational year, he realized the need to strengthen the local chapter. Thus he has taken the responsibility of explaining the program at the chapter meetings; the chapter houses, in turn, have been responsible for explaining the program to the community at large. It was necessary for the chapters to approve the PDC program before the local residents would support it. This is discussed in detail in a later section of this report.

History of Navajo Education and The Role of the BIA[1]

The Treaty of 1868 initiated federal efforts to offer educational opportunities to Navajo children by stipulating that "a house shall be provided and a teacher competent to teach the elementary branches of an English education shall be furnished, who shall reside among said Indians, and faithfully discharge his/her duties as a teacher." The task of the Bureau of Indian Affairs (BIA) was to implement this and other provisions of the 1868 Treaty.

In 1882 and 1890, two BIA boarding schools, managed by missionaries, were established at Fort Defiance and Grand Junction; these schools were to serve the educational needs of all the Indians of the Southwest. The Navajos were either uninterested or directly antagonistic to boarding school education. Students attending boarding school often had unpleasant and traumatic experiences, anxieties, and loneliness. The BIA's boarding school educational concept also conflicted with the Navajo way of educating and socializing their youth.

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[1] Much of the information in this section is drawn from Strengthening Navajo Education, Division of Education, Navajo Tribe, 1973.

In order to combat Indian disinterest in attending the boarding schools, the BIA instituted compulsory school attendance in 1887. Also, after 1896, the BIA school teachers were no longer missionaries, but were civil servants required to pass the U. S. Civil Service exams. From 1900-1913, the boarding school program was expanded to other Navajo population centers. Despite the expansion, the Navajo interest in sending their children to these school was at a low ebb until the 1930s when the Tribal Council was formed. In the Council's early stages, the tribe designated a special Education Committee responsible for advising the Council on all matters of education affecting the Navajo Tribe.

In an effort to maximize community involvement in the educational system, the Tribal Education Committee in 1966 set four goals for Navajo Education:

1. "To attack the unique problems of Indian students by providing programs suited to the needs of these students.
2. To seek the maximum feasible involvement of parents and tribal leaders in the education programs.
3. To develop a continuous public information program which disseminates news about the educational progress being made.
4. To endeavor to assist in any way possible so that full utilization can be made of resources, including the Economic Opportunity Act, and other similar programs which can benefit the Indian people."[2]

It was also during the same year that a community-controlled school, a "BIA contract school," was established at Rough Rock, Arizona. The school was an experiment in instituting local community control over Navajo schools, with Navajos having the power to make both administrative and instructional decisions. The operation of the school was funded under a contract with BIA and through the resources of the Office of Navajo Economic Opportunity (ONEO). Since that time three other contract schools have been established on the reservation.

Public schools were also established, with the first public school being built at Fort Defiance in 1954. Today there are 30 public schools on the reservation, which are operated by three state departments of education (New Mexico, Utah, and Arizona) and public school districts.

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[2] Division of Education, the Navajo Tribe. Strengthening Navajo Education, p. 3.

The fourth type of school found on the reservation is the mission school. Twenty-two mission schools are operating today, with each church group responsible to its own religious organization for defining its school program.

The most significant implication of having varying types of school system sponsors on the Navajo reservation is the lack of an integrated educational system with common goals and responsibilities for providing quality educational services to Navajo children. Each educational program has its own hierarchical structure, levels of responsibilities, lines of authority, rules, regulations, procedures, and standards. The end result is a series of educational efforts with no common framework oriented to, or directly responsive to, the unique educational needs of the Navajo people. This is one of the reasons why many Navajo parents and community members in the PDC target area were eager for PDC to be a vehicle for educational change in their community. This factor will be discussed in more detail in later sections of this case study.

The PDC Community

The grantee for the PDC program in Arizona is the Office of Navajo Economic Opportunity located in Fort Defiance, about 100 miles northeast of the project site. The PDC and Head Start programs are both part of the Child Development Program which is one of 11 programs operated by the grantee office.

The PDC community is located 35 miles north of Winslow, Arizona, in the southern part of the Navajo reservation. The area has a population of approximately 4,200 people, but the service population includes residents from two adjoining communities or chapters. All of the area residents are Navajo with the exception of approximately 100 people of non-Indian descent who are teachers and administrators at the BIA school, trading post operators, and missionaries.

Using the school as the center point, the PDC Navajo community has a radius of 30 miles. The terrain of the area shapes much of the life pattern and group organization of the Navajo. The altitude of the area is 5,600 feet, meaning that it is relatively cool. It is an arid region, desert-like in some places. Broad, open plains moderate into rolling hills and are occasionally broken by sharp buttes and mesas. Vegetation varies from sparse clump grass in some areas to grass mixed with scattered low-growing trees in other areas.

The aridity and isolation of this region inhibit economic development and employment. Livestock grazing, primarily sheep and cattle, is the basic economic activity, although silversmithing provides income for some families. Part-time employment and local tribal-sponsored projects are the remaining job resources. Some families leave the reservation to find work in nearby states and return when work becomes scarce. Unemployment figures are difficult to establish for this area, but a BIA school administrator estimated that 60 percent of the families receive some form of public assistance.

Family organization is primarily nuclear, but the extended family is cared for in time of need. Local estimates put the average family size between four and six members. Navajo society is fundamentally matriarchal,[3] and a number of related families are often aggregated in one geographical area.

The PDC community's institutions are also shaped to a certain extent by the peculiarity of the terrain. As noted earlier, the PDC community is organized around three chapter houses. The Head Start centers are usually located in or near the chapter house since the houses are located at convenient meeting points for the dispersed rural population. Community meetings are held periodically to discuss issues of interest, including educational concerns. Since individual families are isolated from one another due to distance and telephones are scarce, the chapter houses are important vehicles for communicating key community issues. Community decisions are usually made after lengthy and open discussions at the chapter houses.

The school board for the BIA school participating in PDC is another important Navajo institution. Local Navajo leaders sit on the board and oversee Navajo interests in school administration and policy-making. The BIA itself plays a significant role in the social organization of the community. It has a long tradition and powerful economic roots in the area and is a source of employment for local residents. Although many of the non-Indians and younger Navajos perceive the BIA as an alien institutional presence that represents political and cultural tenets foreign to the Navajo, the BIA school is a familiar institution to many parents and older Navajos who are concerned that changing the school would change their community. This situation causes ambivalence on the part of parents and local residents in making decisions regarding educational changes.

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[3] Division of Education, the Navajo Tribe. Strengthening Navajo Education, p. 6.

The tribal government also plays an important role in the community. Representatives from ONEO working in the community provide a wide range of social services. Some of the ONEO representatives are local residents, while others visit the area periodically.

Other institutions also have vital commercial and educational roles in the community. Local commerce is largely controlled by non-Indians, including the local trading post and business establishments in a nearby town. That town's public schools, predominantly non-Indian, provide the only alternative to the BIA boarding schools in this area of the reservation. Northern Arizona University is the nearest university and is an important source of technical assistance for educational and community programs.

PDC encompasses the entire community (including the three chapters mentioned previously); the three Head Start classes and the BIA school serve the entire population of 4,200 persons. Since there is no distinct "neighborhood," the description of the community as a whole describes the Developmental Continuity "neighborhood" as well.

The Start-up of PDC

The community's initial information about Project Developmental Continuity came from the Research and Development Division of the Office of Navajo Economic Opportunity. Head Start staff in ONEO then solicited and received more specific information from the national office. A steering committee was formed and included the ONEO Head Start director, the ONEO research and development analyst, an ONEO child development specialist, the elementary school principal, and the elementary school K-3 teacher supervisor. The steering committee made the initial plans for the proposal, which was prepared by ONEO staff. ONEO submitted the PDC proposal, was awarded the contract, and serves both as the grantee and delegate agency. PDC is part of the Child Development Program, one of eleven programs run by ONEO.

The basic arrangements for the PDC planning year (1974-75) were made by the steering committee between September and December of 1974. The first PDC coordinator and assistant coordinator were hired. Office space was acquired in a trailer located at the edge of the elementary school compound. The PDC Council, then called the "Preschool-Linkage Advisory Council," or PLAC, was formed in October 1974, with members being selected by the steering committee.

The first year of PDC in Arizona did not run smoothly; several problems occurred which hindered planning efforts. These were:

- a lack of management skills at the project level,
- a poor working relationship between the PDC staff and elementary school administrators,
- a lack of clear direction from ONEO,
- conflict between the PDC staff and PDC Council (PLAC).

The Arizona program had three coordinators during the planning year. In mid-March of 1975, the original coordinator was replaced by an interim coordinator who returned to her position at ONEO after one month. The third coordinator had previously been assistant PDC coordinator and parent involvement coordinator for the program. Unfortunately, because of lack of experience and background in administration, neither of the full-time coordinators was prepared to meet the organizational and administrative demands of a program such as PDC.

Communication between the PDC staff and the BIA school administrators and teachers was almost nonexistent during the planning year primarily because of the strained relationship between the school principal and the PDC coordinator. The strained relationship was due, for the most part, to different expectations for the direction of the PDC program. The PDC coordinator felt that schools for Navajo children should be administered and staffed by Navajo people and not by BIA-appointed non-Indian personnel (such as the "contract schools" functioning at four sites on the reservation). She viewed PDC as a change agent for the BIA-controlled elementary school. The school principal, on the other hand, wanted to maintain control of his school and viewed PDC as a program that was to link Head Start to his school and would not change either drastically.

The Office of Navajo Economic Opportunity, the PDC grantee, assumed an inactive role for most of the planning year. The distance between the project staff and ONEO presented a problem--ONEO, in Fort Defiance, is a three-hour drive from the project site. Since the relationship between ONEO and BIA had never been clearly defined, both the grantee and BIA were reluctant to intervene in the dispute between the school principal and the PDC coordinator. Consequently, ONEO staff did not intervene in PDC program planning until ACYF officials recommended that the first coordinator be replaced. At this point, ONEO officials did appoint an interim PDC coordinator.

Communication was also poor between the PDC staff and the PDC Council. A few months after the Council was organized, it became apparent that the two groups could not work cooperatively; therefore, the Council began to operate independently of the PDC staff. Council members eventually decided that theirs was a futile effort and stopped meeting altogether. The Council did not reorganize until the end of the planning year and did not play a major role in decision-making for the planning of the PDC program.

Basically, the PDC decision-makers during the planning year were the BIA school principal and the PDC staff, with the principal controlling school staff and their involvement in PDC, and PDC staff deciding how and when to involve the parents and the community in the program.

Thus, several factors inhibited program planning in Arizona. It has taken a long time to orient the community to PDC and to enlist support from school staff. As we shall see in the next section, though, after two years PDC is finally beginning to work in Arizona.

III

The PDC Program Today

As we discussed in the preceding section, numerous factors inhibited the planning and implementation phase of the Arizona PDC program. The primary factors were a lack of understanding of the PDC concept and a lack of communication and coordination between the planning groups. In addition, PDC planners were faced with program guidelines which were difficult, if not impossible, to comply with due to the lack of an appropriate organizational framework and because of a unique cultural setting. However, through the efforts of the PDC staff during the past two years in re-orienting the community to the PDC program's objectives and establishing an organizational framework wherein the program could be developed, significant progress is now evident. It is interesting to note that upon gaining community acceptance for the program, the other facets of program development were more easily addressed. At present, all program components are being implemented to some degree.

In the sections which follow, information is provided about the PDC school and Head Start centers and the program components are described. In each component area, an overview of the program guidelines is followed by a discussion of the implementation efforts in that component. Local implementation, while adhering to prescribed program guidelines, reflects local community objectives and the unique cultural context and organizational framework of the program setting.

The PDC Schools

As mentioned previously, there are basically four different types of school systems on the reservation: 22 mission schools established by various religious organizations; 53 BIA schools operated by the federal government; 30 public schools operated by three state departments of education and public school districts; and four community-controlled "contract" schools. The PDC elementary school is one of the BIA schools operated by the federal government.

A Preschool-School Linkages model is being implemented at the Arizona site and in addition to the elementary school, three of the 100 Head Start centers on the reservation participate in the program. One center is situated near the PDC office and elementary school; the other two centers are each located about a 30-minute drive from the PDC office, in two other chapter areas.

Each Head Start center has one classroom with approximately 20 children. The staff in each center includes a teacher, bus driver, and cook. The bus driver and cook act as classroom aides during the day. The PDC BIA elementary school is a boarding school with over half the student body residing there during the week--the remainder of the students are bused in daily.

Figure 1 shows the number of classes, teachers, classroom aides, and children enrolled in the program by grade level for the 1976-77 school year. Of the 343 children enrolled in the program, all but three are Navajo. The three exceptions, children of school staff members, are White. The PDC classes have a total of 14 full-time teachers and 15 full-time aides. Each classroom has one full-time teacher and aide per class, except for one Head Start class which has two classroom aides. This provides a ratio of roughly one adult to 9 children in Head Start, one to 10 in kindergarten, one to 11 in first grade, and one to 14 in both second and third grades.

Figure 1

Number of PDC Classes, Teachers, Classroom Aides, and Children

Grade Level	Classes	Teachers	Classroom Aides	Children
Head Start	3	3	4	65
Kindergarten	2	2	2	42
Grade 1*	3½	3½	3½	81
Grade 2*	3½	3½	3½	98
Grade 3	2	2	2	57
TOTAL	14	14	15	343

* One class contains children from both the first and second grades.

Component Desriptions

The Arizona PDC program is organized around seven areas as stipulated by the program guidelines: administration, education, preservice and inservice training, parent involvement, developmental support services, services to handicapped and learning disabled children, and bilingual bicultural education.

Program activities in each component area are discussed in this section. Since PDC is intended to promote "greater continuity of education and child development services for children as they make the transition from preschool to school," it is important that the educational activities and services be made continuous and comprehensive from Head Start through third grade. In making these services continuous, an essential factor is that the Head Start and elementary school programs maintain communication, and be tied together administratively. The key staff persons responsible for this coordination and communication are the PDC coordinator, the elementary school principal, and the Head Start director. At most sites, the PDC coordinator is responsible for maintaining these ties and overseeing the management of all the component areas. The PDC Council, composed of teachers, parents, school administrators, and community representatives, is responsible for all aspects of the continuing development and implementation of the program. The organization and administration at the Arizona site are discussed in the following section.

Administration

(NOTE: The Arizona PDC program has had many administrative problems since it began. During the first planning year, the program was led by three different coordinators. The relationships between the grantee, the elementary school and the PDC staff were also strained during that year, and the specific responsibilities of each group were not delineated. The fact that few community members understood the PDC concept further complicated the situation. These facts should be kept in mind when considering Arizona's progress in implementing the administrative component.)

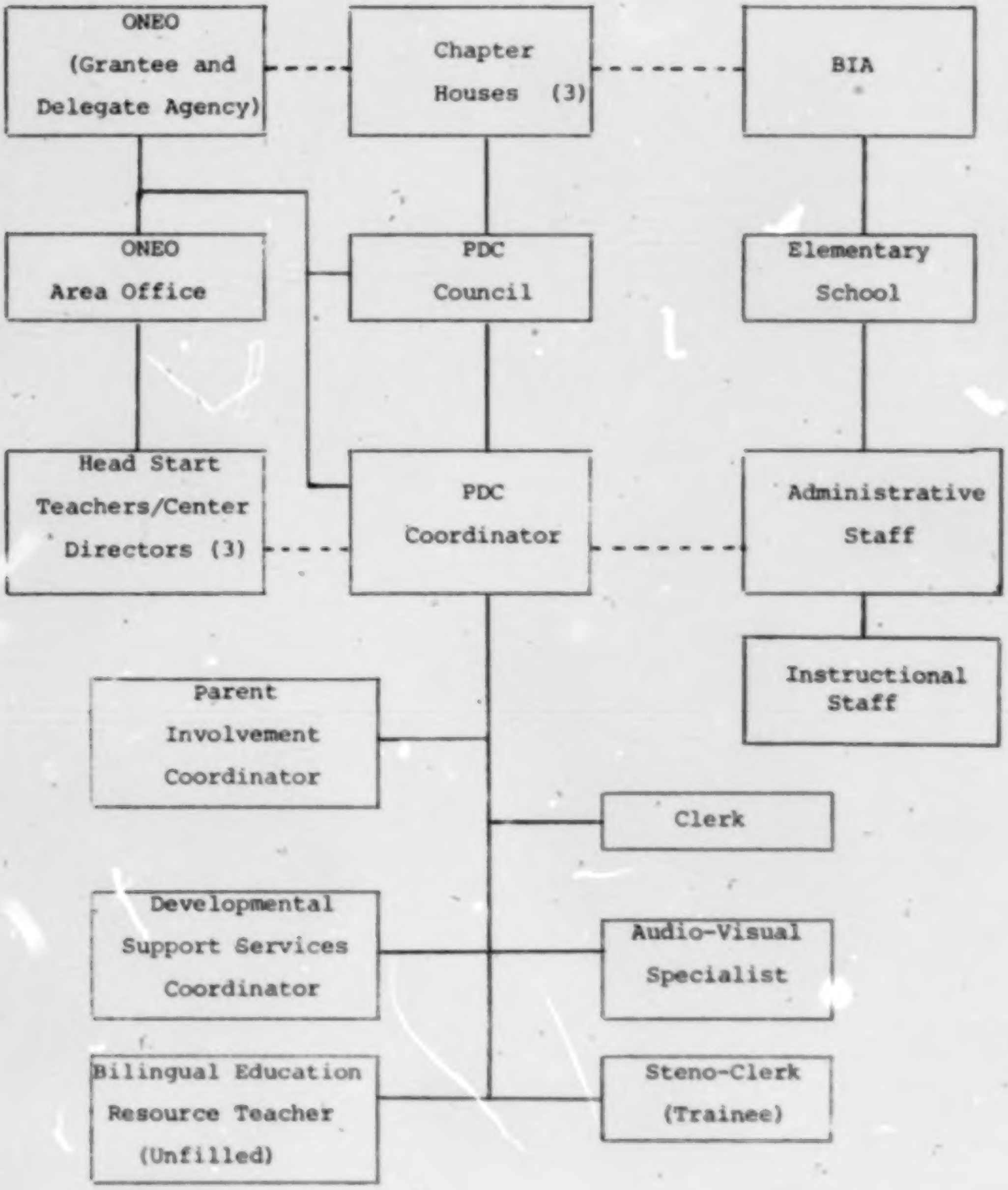
The program guidelines require that a PDC Council be established to provide a linking mechanism to maintain communication and coordination between the demonstration Head Start and elementary school administration, teaching staff, and parents. The Council is also to be involved in the recruitment and selection process for PDC staff. Formal relationships are to be established between the Head Start center committee(s), elementary school PTA(s), and the PDC Council. All council members must receive training in decision- and policy-making. The PDC coordinator is supposed to be responsible for the day-to-day operation of the project, and for seeing that the required elements are implemented.

The present PDC coordinator is responsible for the overall administration of the Arizona PDC program. He has been with the program during both implementation years. Under the formal organizational structure, the PDC coordinator is responsible to the PDC Council, the chapter houses, and the Office of Navajo Economic Opportunity (ONEO). The extent of the PDC coordinator's responsibility to each of these organizations varies. He is responsible to the PDC Council because the council determines local program policy; however, he is ultimately responsible to the grantee for the program. Since the chapter house is the local tribal government in charge of approving, overseeing, and informing the community of all activities being carried out within their jurisdiction, the PDC coordinator provides information regarding PDC program activities during the regularly scheduled chapter house meetings. Because the target population resides within three chapter house areas, program information must be provided to community members in the three chapters. However, the PDC coordinator is more directly responsible to the grantee (ONEO), since he and his staff are employed by ONEO with the approval of the PDC Council and the informal approval of the BIA elementary school principal. The BIA provides housing and office space for PDC staff in the elementary school compound.

In addition to the PDC coordinator, the PDC staff includes a parent involvement coordinator, a developmental support services coordinator, and a clerk. The PDC-funded, full-time position of bilingual bicultural resource teacher remains vacant. Detailed information regarding this position is provided in the bilingual bicultural education component section of this report. In February 1977, two additional staff members were added to the program. One is a steno-clerk trainee who is sponsored by the Compehensive Employment and Training Act (CETA) program, and the other new staff member is sponsored by the Tribal Work Experience Program (TWEP) and is responsible for developing audio-visual materials for training local agency, staff, chapter house officials, and community residents in management principles. Figure 2 shows the organizational structure of the Arizona PDC site.

Figure 2

Organizational Structure of the Arizona PDC


ONEO (Grantee and Delegate Agency)
Chapter Houses (3)
BIA
ONEO Area Office
PDC Council
Elementary School
Head Start Teachers/Center Directors (3)
PDC Coordinator
Administrative Staff
Instructional Staff
Parent Involvement Coordinator
Clerk
Developmental Support Services Coordinator
Audio-Visual Specialist
Bilingual Education Resource Teacher (Unfilled)
Steno-Clerk (Trainee)

It should be noted that with the current efforts to strengthen the chapter house concept, the three participating chapters appearing on the top level of the organizational chart will play a more significant role in the management of the PDC program, as well as other local government affairs.

Currently, the informal organizational structure within the PDC program involves the following key personnel: the education specialist from the elementary school, the chairman from one of the chapter houses, the program analyst from ONEO, and the PDC staff. The education specialist, who is a Navajo, is new to the elementary school and the program. However, when she began working at the school, she attended a PDC national conference and became interested in the PDC program and its concepts. She has since been instrumental in guiding the implementation of the education component. The second key person, a chapter house chairman, has worked with the PDC coordinator to help strengthen the local government structure. The third source of help to PDC, the program analyst from the Department of Research and Development of ONEO, oversees PDC and provides direct supervision to the PDC coordinator and his staff. Although there is a significant distance (approximately, a three-hour drive) between the BIA elementary school, where the PDC staff is located, and the ONEO central office, the program analyst has managed to communicate with the project staff on a regular basis. He is extremely interested in PDC, primarily because of the potential impact of the project on the reservation-wide educational system. He envisions the replication of PDC in other Head Start centers and schools on the reservation, and sees the program as a means of getting Navajo parents involved in the overall educational process of their children.

The PDC Council is composed of 20 members, as illustrated in Figure 3. The PDC Council met monthly during the 1976-77 school year. In addition, the Council held two special meetings to review and approve the program proposal. In general, the school administrators and agency representatives are more involved in the administrative aspects of the program,

Figure 3

Membership of the PDC Council

MEMBER	GROUP
Program Analyst	ONEO
Education Specialist	BIA Elementary School
School Principal	BIA Elementary School
Chapter President	Chapter House (#2)
School Board Member	BIA Elementary School
Program Director	Community Health Agency
Teacher	Head Start Center (#1)
Teacher	Head Start Center (#2)
Teacher	Head Start Center (#3)
Teacher	BIA Elementary School
Teacher-Aide	BIA Elementary School
Teacher	BIA Elementary School
Teacher	BIA Elementary School
Dormitory Manager	BIA Elementary School
Parent	Chapter House (#1)
Parent	Chapter House (#1)
Parent	Chapter House (#2)
Parent	Chapter House (#2)
Parent	Chapter House (#3)
Parent	Chapter House (#3)

such as policies and funding, and teachers and parents are more concerned over issues directly affecting children's educational progress. In December 1976, the PDC Council reorganized its four subcommittees: administration, education, parent involvement, and developmental support services. Each subcommittee has a membership of approximately five to six persons, and meets monthly.[4] The PDC Council relies heavily on these subcommittees, which review issues and make recommendations to the full Council.

In general, the PDC Council plays an advisory role in the program in that the members rely on committee work for reviewing and addressing program issues. In hiring PDC staff, the Council may recommend applicants and approve appointees, but the actual hiring is done by ONEO.

Program coordination and communication. Under the formal organizational structure of the program, both the BIA and the ONEO are to coordinate program activities with the chapter houses. As previously mentioned, all activities carried out within a chapter house area must be initially approved and periodically reviewed by the appropriate chapter house. The PDC coordinator is also responsible for coordinating program activities directly with the elementary school and the Head Start centers. At the elementary level, he coordinates with the school principal or his representative, the education specialist. At the Head Start level, he coordinates directly with the three center directors who are also the Head Start teachers. To ensure that the community is kept informed of program activities, a PDC staff member discusses the PDC program at regular monthly chapter house meetings. In addition, information regarding federal guidelines, proposals, etc., is taped by the PDC coordinator in the Navajo language and is made available to all PDC Council members to ensure that they understand the material and to encourage their reaction.

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[4] These committees were initially organized during the planning year but ceased to function during the first operational year.

Training for Council members. Formal training for PDC Council members was not conducted this academic year. Training in management principles was to begin in the summer of 1977 and continue through the fall. The plan is to direct the training initially at staff members of support service programs and chapter officials. Later, parents who serve on committees and other interested community members will be included in the training.

The audio-visual specialist has been developing training aids such as organizational charts denoting the structures and functions of the various local community programs, pictures of the community and program sites, and recordings made during program and community activities. Training aids have been developed in the following PDC program areas: PDC goals and objectives as stated in the program proposal, PDC budget information, and PDC guideline requirements and Head Start performance standards. Training will be conducted by the PDC staff since technical vocabulary, management systems, etc., will have to be translated into the Navajo language or presented in Navajo concepts to ensure comprehension and to involve the participants in the training. Consultants from Utah State University have been contracted to provide technical assistance to the PDC staff in how to prepare and conduct this training.

Education

A major requirement of this component is that Head Start and the elementary program staff work together to develop a coordinated curriculum for childrem from preschool through third grade. Teachers, aides, administrators, and parents are to be involved in the refinement of the educational approach and curriculum. According to the guidelines, a key feature of the educational approach is to facilitate individualized instruction by using a diagnostic and evaluative system to assess and pinpoint each individual child's educational needs. The major task of the Arizona site was to tie together the curricula used at the three Head Start centers and the one used at the BIA boarding school. Of particular importance, due to the service population at the site, was the bilingual bicultural focus of the curriculum. For this reason, the site was designated as a bilingual bicultural demonstration site. This aspect has been difficult to deal with, since Navajo is primarily an oral language and only recently has been put into written form. The Arizona PDC's efforts in the education component area are discussed below.

The education committee of the PDC Council is completing a sequential curriculum with objectives that are continuous from Head Start through third grade. The curriculum is essentially an adaptation and refinement of the BIA curriculum. The curriculum is being developed for an "open" classroom situation and individualized instructional approach. With assistance from a consultant from the Southwest Regional Laboratory in Albuquerque, New Mexico, the program has developed and is implementing the curriculum in the areas of language arts and math. Curriculum materials in the areas of science and social studies are now under development and are expected to be ready by the beginning of the 1977-78 school year. Due to mixed community reactions to bilingual education, the area of bilingual bicultural education has not yet been fully addressed. Detailed information regarding this area is provided in the discussion of the bilingual bicultural component.

A diagnostic and evaluative system has not been developed. It is projected that once the curriculum areas are completed, a criterion-referenced testing system will be developed and implemented, probably by the middle of the 1977-78 school year. Head Start and elementary school teachers have attended joint meetings and training sessions to discuss diagnostic and evaluative procedures. The consultant from the Southwest Regional Laboratory also conducted training in writing educational objectives. Additional training in the development of the criterion-referenced testing system is planned for the beginning of the 1977-78 school year.

According to the PDC coordinator, the development of the education component was hindered by a poor working relationship and a lack of coordination between ONEO, which is responsible for the Head Start program, and the BIA, which is responsible for the elementary school. Without top-level support, program personnel at the local level were unable to work together for fear of seeming disloyal to their particular programs. This barrier is being overcome due to the considerable effort made by the PDC staff to explain PDC to the program participants and community and to obtain their support and commitment. Their efforts have contributed to the significant progress made by the education committee in the development of the curriculum.

Preservice and Inservice Training

Training is an essential component of any program intended to affect change in attitudes and/or procedures. The PDC program requires that both preschool and elementary teachers receive training in the following areas:

- child growth and development;
- the concept of PDC;
- methods of individualizing instruction;
- the use of diagnostic and evaluative systems;
- working with handicapped children;
- meeting the special needs of bilingual bicultural children;
- techniques of working with parents.

Parents are also to receive training in the concept of PDC, child growth and development, decision- and policy-making, and how to work in the classroom as volunteers.

Training activities at the Arizona site have been limited; the major emphasis has been on establishing a program organization and explaining the PDC program to the community. The PDC staff's initial strategy was to sponsor joint Head Start and elementary school training courses for college credit during the school year, without conflicting with existing training schedules at the school and centers. PDC-sponsored training was planned to focus primarily on the areas of child development and bilingual bicultural education. In Fall 1976, PDC sponsored a 40-hour training course in child psychology for Head Start and elementary teachers and teacher aides. Three Head Start teachers, two Head Start teacher aides, and eight teacher aides from the elementary school took the course. Also, a 45-hour course in bilingual bicultural teaching methods was offered to classroom teachers and 15 teachers participated. These courses did not, however, address the subject of continuity. The ONEO staff assigned to the PDC and Head Start programs and the education specialist from the BIA elementary school arranged for the courses. Both courses provided college credit to participants.

Two factors have impeded the implementation of the training component, although both Head Start and the elementary school have system-wide training schedules. First, not only are training days different for each program, but geographic distances and other required after-school activities have prevented the scheduling of joint training during the school year.

Second, during the summer months, almost all classroom staff members are enrolled in universities or community colleges to upgrade their teaching credentials and gain new teaching skills, and therefore, are not available for training sessions. The PDC education committee has recently received approval from the PDC Council to sponsor joint workshops in language development and teaching English as a second language for Head Start and elementary school teaching staff. These workshops will be held monthly. In an effort to develop a structured bilingual bicultural education program, one teacher aide and two remedial teachers from the elementary school have enrolled in summer courses in bilingual education curriculum and bilingual materials development at Northern Arizona College.

Training for parents has been limited to those parents who serve on the PDC Council or as classroom aides. Parents serving on the PDC Council have received training in the PDC concept, while classroom aides have attended a course in child psychology. Present program plans call for providing training for parents in decision-making and in classroom activities during the 1977-78 school year.

Parent Involvement

The PDC guidelines require that parents be involved in program decision-making as members of the PDC Council. Parents are to be encouraged to act as observers, volunteers, or paid aides in the Head Start and elementary school classrooms. Additionally, the Head Start center committees and elementary school PTA are to be coordinated in order to establish communication between the various parent groups. Parent involvement at the BIA elementary school was almost non-existent at the inception of PDC, with no PTA group organized at the school. Project staff have always viewed parent participation in the program as an essential element of PDC and a full-time parent involvement coordinator is working at the site to encourage parent participation in program activities. A discussion of efforts to increase parent involvement at the Arizona site follows.

Staffing and coordination. The full-time parent involvement coordinator has primary responsibility for the coordination of all activities in this component. The parent involvement coordinator works closely with the PDC Council, the Head Start center committees, the elementary school board, tribal councilmen from the chapter houses, and personnel from the various support services agencies in the community. Since the parent involvement component is deemed crucial to the success of the program, the parent involvement coordinator is assisted by the PDC coordinator and the ONEO program analyst in carrying out parent involvement activities.

Parents in decision-making roles. Traditionally, Navajo parents have played a minor role in the decision-making process in the community. Tribal officials, program directors, professionals and the like have always been responsible for decision-making. With the advent of social programs, parents have become involved in committees, advisory groups, and so forth, but their lack of prior exposure and formal training in the decision-making process impedes their full and equal participation. In general, the parents' role as members of a committee is limited to agreeing or disagreeing on a specific issue after the issue has been discussed and analyzed by the other members of the group. The parents' role in the PDC decision-making process has been somewhat broader in that parents do get involved and discuss issues pertaining to the education of their children in large group settings such as PDC Council or chapter house meetings. However, they are still hesitant to discuss technical issues. Since parent participation is one of the top priorities of the program, PDC staff members have initiated various activities which will lead to more meaningful parent involvement in the decision-making process.

Parent participation in the classroom. Other than as paid classroom aides and participants in the Foster Grandparent program, parents have been minimally involved in classroom activities in both the Head Start centers and the elementary school. According to PDC staff, during the past school year instructional staff have not actively encouraged parent participation. However, in April 1977, the PDC staff and the education specialist from the elementary school began to invite groups of parents who had their own transportation to visit the elementary school facilities, classrooms, and dormitories. Parents were given an orientation and a tour of the facilities by the education specialist and the developmental support services coordinator. At the end of each tour a discussion session was held followed by a question and answer period. Two groups of 15 parents each have toured the facilities. Many of the parents were Head Start parents whose children will be attending the elementary school during the coming school year. It is hoped that this approach will lead to meaningful parent participation in the classroom. In an effort to involve more parents in the program, PDC staff have been exploring the possibility of obtaining transportation from community sources for those parents who live quite a distance from the school and have no transportation. The next phase of the project's strategy is to design a classroom parent involvement program which would provide training for parents who wish to assist in educational activities in or out of the classroom.

In addition, two community meetings have been held for the purpose of organizing a parent-teacher association (PTA) at the elementary school. PDC staff feel that a PTA will lead to better communication among parents, teachers and school administrators. Ultimately it is envisioned that the PTA will have regular meetings and will promote quarterly conferences between individual teachers and parents to discuss children's progress.

The education specialist at the elementary school feels that these teacher-parent conferences will be the key to getting parents involved in the educational process of their children. It should be noted that this will be the first PTA in the BIA school system and that it will be formed in response to the community's growing concern over the educational system.

Parent education. Three formal parent training sessions have been conducted this academic year for Head Start parents. The coordinator for parent involvement from ONEO conducted a three-hour session on parent involvement at one of the Head Start centers and approximately 30 parents attended the session. The program analyst from ONEO conducted another session on the organizational pattern of PDC at another Head Start center with approximately 23 Head Start parents attending the three-hour session. The field principal from ONEO conducted a third training session at the third Head Start center. The two-hour session was an overview of PDC and parent involvement and approximately 25 parents attended. No formal training sessions were provided for elementary school parents. Informal training in the PDC concept has been continuously provided by the PDC coordinator and the parent involvement coordinator during informal community gatherings or regularly scheduled chapter house meetings.

Two consultants in bilingual bicultural education from Blanding, Utah, have been contracted to provide training and information in bilingual bicultural education at school meetings to be attended by school personnel, tribal officials, social service personnel, parents, and other interested community members. Through Northern Pioneer College in Arizona, PDC staff have arranged for a GED program for community support personnel, Head Start and BIA support personnel, parents, and interested community residents.

Communication between parent groups. No formal provisions for regular communication between elementary school parents and Head Start parents have been made by the PDC program. The major barrier in programming joint parent meetings is the continuing problem of transportation.

It is difficult to get all parents from a community to attend an activity because of the distances involved and the lack of transportation. This situation is compounded when an activity involves parents from three participating communities. Until there is an area transportation system, there is no solution to this problem. The PDC program will continue to involve only those parents who have a means of transportation or who live close to the traveled road where they can get a ride to the project site or chapter house. Occasionally, PDC staff conduct parent activities in the three chapter house areas; many of the parents who attend these gatherings have children in both the elementary school and in Head Start.

Developmental Support Services

The developmental support services component guidelines require that the nutritional, medical, dental, mental health, and social service needs of the children be assessed upon enrollment in the project; based on these assessments, arrangements are to be made to provide the needed services. The provision of the services is to be made continuous from the preschool to primary levels through joint programming by Head Start and elementary school staff. It is further required that a record-keeping system be developed to keep track of the assessment results and the services provided. Due to the variety of program activities required in this component area, a PDC staff person is to be assigned responsibility for the component.

Most of the support services for the Arizona project are provided through the Public Health Service (PHS) which, as mandated by federal legislation, has primary responsibility for all health services for persons on the reservation. Initially, there was hesitation on the part of project staff to invade PHS territory and coordinate activities. This was, in part, due to the lack of a developmental support services coordinator, who would be responsible for initiating this effort. However, with the formation of a developmental support services committee and the hiring of a part-time coordinator, the project has begun to implement this component.

The developmental support services coordinator was hired in January 1977 on a part-time basis. His primary responsibilities are to identify and coordinate available support services for children and parents on and off the reservation. He is also responsible for coordinating a 15-minute radio program which is primarily geared to the Native American population. The program is aired twice a week and disseminates information on the PDC program, highlighting different program component activities. The radio station is located in a town adjacent to the reservation and also serves the surrounding communities.

At present, Head Start and the elementary school continue to use the same support service systems which were used prior to PDC. These systems are supported by and are a part of the Public Health Service. PHS has primary responsibility for all health services for persons on the reservation. The Tribal Social Services Agency and ONEO coordinate with PHS to provide all services that are required by their particular program guidelines. Specifically, the Tribal Social Services Agency provides services to needy families, while ONEO provides services to children in early childhood development programs. Because of the different program guidelines, there is variation in the type, level and quality of services available from the different agencies.

Since the PHS is mandated to provide medical and social services, it maintains medical and social service records on all reservation families. Because of the confidentiality of these records, only limited information may be shared with authorized persons on a "need to know" basis. However, as evidenced by the joint coordination meetings that have taken place since December 1976 between the PDC developmental support services committee and the support services agencies, communication has increased. It is hoped that these efforts will lead to the development of a coordinated developmental support services program and a joint record-keeping system.

Services for Handicapped and Learning Disabled Children

The PDC guidelines state that handicapped children should be integrated or "mainstreamed" into the regular classroom program to the maximum extent possible. To facilitate the identification of children with special problems, provisions are to be made for the early diagnosis and evaluation of children with learning disabilities. Each PDC program is to conduct an annual survey to determine the number of handicapped and learning-disabled children and the kinds of services that are required. Classroom staff and volunteers are to be trained in providing special individualized help to handicapped children. A final requirement is that the appropriate special materials, structural changes, and/or classroom reorganization be provided to accommodate the handicapped children.

The Arizona site has begun to address this component, due in part to recently enacted federal legislation requiring the mainstreaming of handicapped children. Prior to the legislation, only children with minor learning disabilities were being served by the Head Start and BIA school programs. Because it is a Navajo custom to hide a handicapped child from the community, parents are often reluctant to have their children leave home for special schooling.

As mentioned in the developmental support services component section, until recently, the lack of a support services coordinator and committee had prevented the program from fully addressing the support services area, and also services for handicapped and learning disabled children. Both the Head Start centers and the elementary school provide services for children with learning disabilities; however, children with other handicaps have either been placed in institutions or kept at home. At the time of the site visit (May 1977), there was no coordination or transfer of records of learning disabled children from Head Start to the elementary school. It was noted earlier that the Public Health Service is involved in the identification of and provision of services to handicapped children and their parents. Because of the confidentiality of the PHS records, it is difficult to determine the nature and level of their involvement.

In response to the recent federal legislation, the BIA has directed the elementary school to identify and make provisions for services for all handicapped and learning disabled children. The elementary school principal has asked the PDC staff for assistance in providing these services; PDC, in turn, has organized a team composed of personnel from

ONEO, BIA, PHS, and various support services agencies to conduct a comprehensive survey to identify handicapped children throughout the target area. The team will also identify training needs, necessary structural changes, and special materials required to comply with the BIA directive. The planning for this area was to be completed during the summer of 1977, and the identification and service tasks are to be fully implemented sometime during the 1977-78 school year.

Bilingual Bicultural Education

The major emphasis of this component is to provide an educational and social environment based on the child's primary language and culture. The guidelines state that Head Start and the elementary programs are to implement compatible philosophies regarding bilingual bicultural education, and train their staff to be sensitive to the special needs of the bilingual bicultural children. The educational program must provide an opportunity for all children to become bilingual if desired by the family, by offering language instruction in both languages at all grade levels. School staff are to be trained in bilingual bicultural instructional approaches and methods of evaluating these children. The children's parents are to serve as resource persons and participate in classroom activities related to the bilingual bicultural approach selected by the site.

The Arizona PDC has not fully addressed the area of bilingual bicultural education due primarily to the lack of a staff person to coordinate the component activities and also due to the community's mixed reaction to bilingual education. Although the indigenous instructional staff at the elementary school speak the Navajo language, many do not read it and do not feel that knowledge of the spoken language qualifies them to teach it.

Also, many of these teachers feel that the use of the Navajo language for instructional purposes would impede rather than help the learning process of most school children. However, the PDC coordinator feels that the proposed bilingual education training to be held during the summer of 1977 will help change these attitudes, as well as provide the teachers with the special competencies required for bilingual instruction. Presently, the use of the Navajo language for instructional purposes varies from one grade level to the next. Head Start teachers use Navajo to introduce concepts and use minimal English for teaching purposes. The elementary school teachers conduct their classes in English but the teacher aides use Navajo to ensure that students understand the subject matter. At least one member of the teaching staff in every PDC classroom is bilingual. Although written Navajo materials are available, mainly for grades one through three, the education specialist stressed that there is a need for teacher training in the use of these materials.

Through the Foster Grandparent program, the community has become increasingly interested in cultural activities. In keeping with native tradition, the community elders are responsible for transmitting culture to the young. Traditional hogans have been constructed in two chapter areas which are adjacent to the Head Start centers. The hogans are used for conducting cultural activities for interested community residents and Head Start and elementary children. At the elementary school, during the past two years, an elderly gentleman from the Foster Grandparent program has spent approximately 20 hours a week assisting teachers at all grade levels in integrating cultural activities into the science and social studies curriculum. The project staff feel that once a bilingual bicultural coordinator is hired, this area will be expanded and carried out in a systematic manner so that more children will be involved in more bilingual bicultural activities. The community is becoming more interested in bilingual education and the BIA school officials are increasing their efforts to incorporate bilingual bicultural education into the curriculum. These efforts are focusing on training and orientation in bilingual bicultural education for teachers, parents, and interested community residents. At this time, only the lack of a bilingual bicultural resource person who is properly certified inhibits the full implementation of this component.

For over a year the PDC program has been looking for a full-time resource person to coordinate the activities of this component. Persons who have applied and have been interviewed have declined the assignment due to the isolation of the community and the lack of adequate housing. Of course, the demand reservation-wide for such individuals is great and the number of qualified persons is extremely limited. Even so, PDC program personnel feel confident that they will recruit such an individual, although they do admit that it might be necessary to lower their recruitment standards to some degree.

Summary

The major accomplishments of the Arizona PDC program are that the program has gained community acceptance and that activities are being carried out in all seven component areas. It should also be noted that PDC program personnel have exerted considerable effort in establishing a community organizational framework within which the PDC concept can be developed. The discussion which follows is a summary of the progress that has been made in the component areas.

Administratively, the program is well managed. The PDC Council serves as the linking mechanism for maintaining communication and coordination among the program participants. Also, with the reorganization of the subcommittees of the Council, program issues are being reviewed and addressed on an ongoing basis. In the area of education, a sequential curriculum from Head Start through third grade is being completed. Joint meetings and training sessions for participating teachers have been held, with training being offered throughout the school year and during the summer months.

PDC project staff view parent involvement as crucial to the success of the program. Parents serve as members of the PDC Council amd its subcommittees and are kept informed of program progress by the project staff during informal community gatherings and regularly scheduled chapter house meetings. In the developmental support services area, the component coordinator and subcommittee, along with other local service agencies, are planning strategies to ensure the coordination of services, and are designing a joint record-keeping system.

This same group is also involved in conducting a comprehensive survey of handicapped children throughout the target area. This survey is the first significant program effort in the area of services for handicapped and learning disabled children. The major emphasis in the bilingual bicultural component has been on promoting activities in the area of Navajo culture and tradition. Through the local Foster Grandparent program, a community elder conducts Navajo cultural activities for the benefit of interested community residents and Head Start and elementary school children. These activities are emphasized in the Head Start program and are also integrated into the curriculum in some of the elementary school classrooms.

Overall, progress has been made in the implementation efforts of the Arizona PDC program. It has not been an easy task to comply with guidelines which are designed for the majority population, and which require circumventing traditional cultural values in order to meet compliance. Although there has been broad interpretation of the requirements because of the site's unique setting, the program is now working towards full compliance of the guidelines. Most of the program's implementation progress has taken place since December 1976. Thus, any impact on the program participants (i.e., children, parents, and teachers) will not be evident until the end of the 1977-78 school year, when the program requirements are expected to be fully implemented.

IV

Summary of Factors Shaping the PDC Program

Various community characteristics and cultural elements have played an important role in shaping the Arizona PDC program into what it is today. The factors that have most influenced the program are:

- form of local government
- decision-making process
- traditional institutions
- isolation and physical distances
- PDC staff and local key personnel
- cultural aspects of language and time

A brief discussion of each of these factors follows.

Form of Local Government

Through the years local government (the chapter house) had become accustomed to accept and expect external direction in its affairs. The PDC staff saw a need for strengthening the chapters and to have representatives of service agencies, community leaders and residents work together to improve the social and economic conditions in the community. To accomplish this goal, it was felt that an effective organizational structure was needed to provide leadership and direction for establishing and implementing community goals and objectives based on community needs and priorities. The staff felt that if the residents identified the community's needs, they would be more involved and committed to meeting those needs.

The strengthening of the chapter's organizational structure has had a twofold effect on the PDC program. First, the chapter helped to restructure the PDC Council and its subcommittees, thereby establishing the organizational framework needed to organize and implement the PDC program.

Secondly, the chapter's organizational structure provided the vehicle for gaining community acceptance of and commitment to the PDC program. Once community acceptance was gained, it was much easier for program efforts to be coordinated with those of the other community resource agencies.

Decision-Making Process

Traditionally, community decision-making has been the responsibility of key tribal members and local program personnel, since it was assumed that they were knowledgeable in their respective program areas. Also, the local government had never identified community needs and aspirations. Parents and community residents who serve on the PDC Council and its subcommittees were also reluctant to participate fully or influence the decision-making process. The general tendency has been to avoid discussion and involvement in technical issues, thereby leaving it up to the "experts" to decide what is best.

To involve more community members in decision-making, PDC staff have encouraged all service agencies to jointly review proposed community activities for relevancy to community needs. Personnel from these service agencies are now serving as members of a task force responsible for reviewing and analyzing all proposed programs to ensure that their objectives are consistent with those of the community. The agencies also provide community residents and leaders with information for their review and final approval, thus sharing in decision-making at various levels and ensuring the community's gradual involvement in the decision-making process. This technique is having an impact on those community residents who are members of the PDC Council or its subcommittees; the extent of their involvement in the PDC decision-making process has increased significantly.

Traditional Institutions

Two of the most imposing institutions on the Indian reservation are the Bureau of Indian Affairs (BIA) and the Public Health Service (PHS). These institutions were established by the federal government and have a legislative mandate to provide specific services to all Indian people. For lack of other resources, the Indian population has become highly dependent on these institutions for community services. As most of the health and educational services require well-trained and skilled personnel, there are few

Indians in key positions. Further, since the nature of each is highly technical, no effort has been made to involve local residents in the decision-making process. As a formality, local residents have been included as members of boards and committees, but they are not expected or encouraged to question or propose solutions to issues. Their role has been to physically represent the community at such forums and to provide, as commonly required by program by-laws, the required representation to constitute a quorum. Also, since these institutions operate independently under legislative mandate, there is no incentive to coordinate with or seek additional support from other local service agencies.

These factors have affected the PDC program in several ways. First, they have caused reluctance on the part of parents and community residents to actively participate in the decision-making process since the residents have never been asked or expected to make such a contribution. Their reaction to a request for input is viewed with confusion and suspicion.

The other way in which these factors have affected the PDC program is that they have inhibited the coordination of support services activities. Both of these institutions have elaborate reporting and information systems, systematically scheduled work plans, and well-established written procedures for performing their activities. In addition, because of the nature of their work, as well as the status of the target population, most information is handled in a confidential manner. Thus, deviation from well-established procedures is viewed unfavorably, an attitude which makes the coordination of activities and/or sharing of information very difficult. These negative factors are being alleviated at the present time by community pressure, generated through the chapters at the insistence of the PDC staff, to improve communication and share information. These institutions are also hiring more Indian staff which helps to improve relations among the diverse groups.

Isolation and Physical Distances

The target population lives within a 30-mile radius of the project site. The three communities or chapter houses in the area are approximately a 30-minute drive from one another. A participating Head Start center is located in each of the three communities. The grantee is approximately three hours away (by car) from the project site. Because the PDC target area is predominantly devoted to livestock grazing, homes are seperated by great distances. Due to the isolation and physical distances noted, the majority of the children enrolled at the BIA elementary school live in the school complex during the school year.

Several factors related to isolation and physical distances make transportation and communication difficult on the reservation. These factors are as follows:

- Most of the roads are secondary and unpaved, except for a major road which branches off into the BIA school complex and the project site. Because of the condition of these roads and the soil composition of the area, traffic is restricted. This situation is worsened by inclement weather conditions which, depending on the time of year, cause flash floods or snow drifts.
- There are only three telephones in the target area. One is in the BIA school, another in the PDC office, and the remaining one is at the trading post.
- The only means of transportation on the reservation are privately-owned vehicles (which are scarce), government vehicles assigned to program personnel, and horses.

PDC Staff and Local Key Personnel

All PDC staff members are from the immediate area and are familiar with and in the community. Their past experiences and concern for the social and economic conditions of the community have increased their incentive to try different approaches to resolve the various obstacles which have impeded the development of the PDC program. The PDC coordinator worked for several years in the BIA school system and served in various local service programs. During that period, he observed the obstacles and frustration of service agency personnel trying to implement their programs. His experience led him to believe that in order to implement a program effectively there must be a community organizational structure through which the program goals can be analyzed and meshed with local goals and objectives. With the full support and encouragement of the local tribal councilman, the tasks of building the organizational structure was initiated. In addition, the councilman has been instrumental in getting the community involved in the process.

At the BIA elementary school, the education specialist, who is new to the school and the PDC program, has been instrumental in implementing the education component through the PDC education committee, which she chairs. Upon assuming her position at the school, she was exposed to the PDC program when she participated in a national conference sponsored by PDC. She was receptive to the PDC concept and felt that such a program could and should be implemented in the community. She felt that through her position as education specialist, she could play a major role in shaping and implementing educational, as well as other, aspects of the program.

The above-mentioned personnel have all been guiding forces in facilitating the implementation of the PDC program in Arizona. The new PDC coordinator, hired during the middle of the first operational year, has proved to be a capable administrator who, with the help of the personnel mentioned here and other interested community members, has begun to implement the program.

Cultural Aspects

Language. Standard English is clearly the "school language" at the Arizona PDC project site. Although children in the Head Start program use the Navajo language, children in kindergarten and above use English almost exclusively. In the past two years, Head Start program staff members throughout the reservation have encouraged the use of English in their centers. It is felt that such practice would facilitate the child's transition from Head Start to the elementary school. To comply with the Head Start program request, children are drilled as a group in English, as well as introduced to concepts in English.

Indigenous personnel serving as professionals or paraprofessionals in the BIA elementary school discourage the use of the Navajo language, as do the non-Indian staff. Standard English is the exclusive language used within the school complex by all school personnel; however, the Indian aides occasionally use Navajo to explain something that a child may not have understood in English. During the PDC planning year, a teacher reported to an interviewer that he had been "forbidden" to allow the use of Navajo in his classroom by his teacher supervisor. The teacher supervisor, in a subsequent interview, rather proudly shared the "school's philosophy" concerning the use of Navajo by stating: "We put that (Navajo) behind them as soon as possible." The implication of this factor on the PDC program is evident in the mixed reactions of teachers and school staff to the implementation of the bilingual bicultural component. PDC staff, supported by the community, are still working at changing this attitude.

Time. Navajo time orientation differs from that of the majority population in a variety of ways. Appointments and scheduling of meetings often lack the planning for a specifically pinpointed block of time. For example, a meeting might be called for a given morning, but since it is not customary to assign a specific hour, some members of the group arrive and patiently wait (often from one to three hours) for other members to arrive. Further, once the meeting begins, it often lasts for several hours, since it is a Navajo custom to have all in attendance understand and come to agreement upon the issues under discussion.

Another aspect of this factor of time orientation is that throughout the school year numerous familial and community activities take place which often require the presence of the entire family. Most of the activities have to do with livestock, the mainstay of the area, and include shearing, branding and lambing. These familial or community activities have always taken precedence over non-tribal-initiated activities, such as school meetings and training sessions, which makes it difficult to schedule PDC program activities.

Summary

The PDC program in Arizona has been and is being shaped largely by the local context in which it functions with the major contextual factors being the culture and tradition of the Navajo people, the institutions and organizations which govern the area, and the limited means of transportation and communication on the reservation.

The most significant result of these factors has been the long period of time it has taken to develop the PDC program organizational structure primarily due to the need for gaining community and chapter support before making the structure operative. The process of developing this structure was further complicated by the need to strengthen the local government's own organizational structure and change local attitudes toward decision-making while gaining acceptance of PDC. For this reason the implementation of the majority of the program component requirements was not initiated until the present school year (1976-77). As mentioned earlier, the true test of whether PDC is a viable program in Arizona will be the 1977-78 school year, when project staff plan to have most of the component requirements implemented.

At this point, then, the impact of PDC has been felt mainly by the community at large, with community organization having been the emphasis of the first two years of program funding. A more detailed discussion of program impact is presented in the next section.

V

The Impact of PDC

As mentioned in the introduction, it was not possible to collect quantifiable impact data on the PDC children since the test instruments are not available in Navajo. Instead, teacher and parent questionnaires were developed to obtain information about the impact of the PDC program on children, parents, teachers, and institutions.

Examples of the questions for each impact area follow:

Children: Are children doing better academically? Are they better able to express themselves? Are they healthier? Do they exhibit more positive attitudes toward school? Are they more aware of the Navajo language and culture?

Parents: Has parent participation in school activities changed? Have parents shown more interest in the Navajo language and culture than in the past? What type of training is provided to parents?

Teachers: What are the changes in the educational approach? Has the role of teachers changed? Has there been increased educational planning across grade levels? Have there been any changes in the relationships between teachers and administrators? Teachers and parents?

Institutions: How has the decision-making process changed? Who is involved in decision-making?

The site visitor, after interviewing several parents and teachers, found that project impact had not yet filtered down to those individuals who should be directly affected by the project, namely the children, parents, and teachers. The parents and teachers interviewed did not attribute much impact to the PDC program. Both the PDC coordinator and the elementary school education specialist felt that it was too early to detect project impact at the child, parent, and teacher levels, since the implementation of the PDC curriculum and related activities are just now being carried out. They felt that impact at these levels should be evident by the middle or end of the next school year. However, at this time, there are indications of project impact on chapter officials and service agency personnel, in that activities are being carried out by these groups which will lead to the accomplishment of PDC goals. It seems that the major program impact has been felt by the community at large.

As a result of having observed the PDC planning and implementation efforts as an outsider for one and a half years, the present PDC coordinator[5] realized that the PDC concept of continuity had to be understood by the community before it could be successfully implemented and accepted in the schools. Furthermore, he felt that the chapter house concept had to be strengthened because community acceptance would only occur as a result of tribal leadership and support.

Although the chapter concept and the importance of its involvement in the PDC program was not considered when the application for the PDC grant was originally made, it has become evident that in order for any program to operate effectively in a Navajo community its goals and objectives must mesh with the goals and objectives of the community. Consequently, Arizona's major PDC program goal has been to re-establish local initiative and self-government on the part of the local chapters. Although this goal does not conform to the PDC Guidelines, PDC staff feel that without this mechanism, the PDC program, as well as other local programs, would continue to suffer from the lack of community involvement and commitment.

To achieve this goal, the PDC coordinator and his staff spent over a year explaining PDC program goals and obtaining community support. They now feel that support services personnel, program participants, and chapter officials are aware of the potential benefits of the PDC program. For the first time in the history of the local community, all service agencies, including BIA and PHS, have begun to plan jointly for the implementation of community services and activities. It is expected that these efforts will eventually lead to a more comprehensive service delivery system, avoid duplication of services, and most importantly, broaden community involvement. Although these efforts are at a preliminary stage, there is already evidence that much will be accomplished in the near future. Specifically, the following major activities have been jointly planned and are now being developed or implemented:

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[5] The PDC coordinator was formerly a teacher at the BIA elementary school.

- conducting training sessions in management principles for staff members from all local community service agencies and chapter officials;
- providing GED courses for staff members of the various service agencies, chapter officials, support personnel in the school system, and interested community residents;
- conducting a comprehensive community survey for the identification of handicapped children;
- organizing a PTA, the first such organization in a BIA school system;
- conducting joint training for staff personnel from service agencies in specific component areas;
- conducting joint teacher training and planning meetings regarding the PDC curriculum and related activities for school staff from Head Start through grade three.

The direct impact of the program on the chapters has also been felt. In the past six months, through the efforts of the PDC staff, one of the three participating chapters has taken a more active role in organizing and coordinating personnel from the 30 community service agencies. This chapter now provides an office for its tribal council member and is planning to provide offices for all personnel of the various community support services agencies. Also, planning and training are now better coordinated between agencies, thus avoiding duplication of services and maximizing the agencies' resources. It is further expected that these agencies will serve as clearinghouses in their respective program areas for all community activities. The two other chapters which are participating in the PDC program are also beginning to coordinate community activities. However, due to a boundary dispute between the Navajo Tribe and the Hopi Tribe, which involves these two chapters, most of their efforts at this time continue to be directed toward seeking a fair settlement over the disputed land.

PDC program impact in Arizona, then, has focused primarily on the project's community and its institutions (chapter houses, PHS, BIA, as well as other agencies). There has been no detectable impact as yet on the parents, children, and teachers involved in the program. The PDC staff feel that the impact on these groups will not be evident until the component requirements have been implemented during the 1977-78 school year.